



Application Form

Work With Parents Level 3 Award

Your Choice of Course

Please print clearly

| | | | |
|-------------------|--|--------------------|--|
| First preference: | | Second preference: | |
|-------------------|--|--------------------|--|

Your Contact Details

| | | | | |
|----------|--|------------|----------------|--|
| Title: | | Full Name: | | |
| Address: | | | | |
| | | Post Code: | | |
| Email: | | | | |
| Phone: | | | Date of Birth: | |

Please tick how you would describe yourself. This is used for monitoring purposes only.

| | | | | | |
|------------------------------------|--------------------------|-----------------------------------|--------------------------|--|--------------------------|
| White - White British | <input type="checkbox"/> | Mixed - White and Black Caribbean | <input type="checkbox"/> | Asian or Asian British - Indian | <input type="checkbox"/> |
| White - White Irish | <input type="checkbox"/> | Mixed - White and Black African | <input type="checkbox"/> | Asian or Asian British - Pakistani | <input type="checkbox"/> |
| White - Any other White background | <input type="checkbox"/> | Mixed - White and Asian | <input type="checkbox"/> | Asian or Asian British - Bangladeshi | <input type="checkbox"/> |
| Black or Black British - Caribbean | <input type="checkbox"/> | Mixed - Any other Mixed | <input type="checkbox"/> | Asian or Asian British - Any other Asian | <input type="checkbox"/> |
| Black or Black British - African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | | <input type="checkbox"/> |
| Black or Black British - Other | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> | Not Disclosed | <input type="checkbox"/> |

Your Work Details (If you have more than one job, please include the 2 most relevant)

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|--|--|-------|--|------------|--|
| Name of Organisation: | | | | | |
| Address: | | | | | |
| | | | | | |
| Work Phone: | | | | | |
| Position: | | | | | |
| How many hours do you work per week? | | Paid: | | Voluntary: | |
| Please estimate how many of these hours are face to face with parents: | | | | | |
| Please describe your role: | | | | | |
| | | | | | |

| | | | | | |
|--|--|-------|--|------------|--|
| Name of Organisation: | | | | | |
| Address: | | | | | |
| | | | | | |
| Work Phone: | | | | | |
| Position: | | | | | |
| How many hours do you work per week? | | Paid: | | Voluntary: | |
| Please estimate how many of these hours are face to face with parents: | | | | | |
| Please describe your role: | | | | | |
| | | | | | |

Your Experience

| | | | |
|---|--|-------------------|--|
| Have you facilitated parenting courses before? | | If yes, how many? | |
| Are you trained in delivering any Evidence Based Parenting Programs? | | | |
| If yes, please specify which program and whether you have delivered the course: | | | |
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Please give details of any other parenting courses that you have delivered:

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Your Qualifications

Please give details of any previous relevant training and qualifications you have completed that support your application.

| Course | Dates | Location | Certificate Number |
|--------|-------|----------|--------------------|
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Is there any other information you would like to tell us that is relevant to your application?

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Accessibility

We aim to make our courses accessible as we possibly can.

If there any information that may help us ensure that you are able to participate fully in the course, please let us know. We will offer support as discretely as possible.

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| Do you have any impairment in Hearing, Vision, Mobility, Learning, Communication, Reading etc | |
| Do you require any support communicating in English? | |
| Is there any other information that may help us to support you? | |

Workplace Witness

You will need to find a work place witness who can support your work within parenting groups, ideally a practitioner with a level 3 relevant qualification or with equivalent experience. Please supply the name and contact details of this person.

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|----------------------|--|--------|--|
| Witness Name: | | Phone: | |
| Organisation & Role: | | | |

The information that you provide is protected under the Data Protection Act 1998.

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|----------------------|--|-------|--|
| Signed by applicant: | | Date: | |
|----------------------|--|-------|--|