**Application Form for the ABC Awards**

**L3 Certificate in**

Assessing Vocational Achievement

**Please tick the relevant box for the course you are applying for:**

|  |
| --- |
| **Level 3 Certificate in Vocational Achievement:**  |

|  |  |  |
| --- | --- | --- |
| **First Name:** | **Surname:** | **Name you wish to be known as:** |

|  |
| --- |
| **Address Number/Street:**  |
| **Town/City:**  | **Postcode:**  |

|  |  |  |
| --- | --- | --- |
| **Phone No. Work:** | **Phone No. Home:** | **Mobile:** |

|  |
| --- |
| **Email Address Home:**  |
| **Email Address Work:** |

|  |
| --- |
| **Date of Birth:**  |

|  |
| --- |
| **Unique Learner Number (if known):** |

|  |
| --- |
| **Name of Youth Centre/Project:**  |
| **Your Job Title/ Role:**  |
| **Please highlight which apply:** | Senior Member | Volunteer | Part Time Paid | Full Time Paid |
| **Address:**  |
| **Town/City: K&C** | **Postcode:** | **Phone No:** |
| **Name of Line Manager:**  |
| **Address:**  |
| **Town/City:** | **Postcode:** | **Phone No.:**  |
| **Email: of line manager** |  |

|  |
| --- |
| **Previous Qualifications INCLUDING the level of your JNC Youth Work Qualification with dates, and any other relevant qualifications.** |
|  |

|  |
| --- |
| **Please give a brief overview of your Youth Work experience with dates.**  |
|   |

|  |
| --- |
| **If you have any personal medical information that you think we should be aware of please write it below – all information will be treated confidentially** |
|  |

|  |
| --- |
| **Please list any concerns that you may have about undertaking this qualification – this will help us to ensure that we can give you appropriate support if needed.** |
|  |

**Given that the majority of the course delivery is ‘Virtual’ by Zoom rather than face to face in classroom situations, it is important that we understand your situation in regards to IT. Please complete the following section in full adding any additional information you may feel is relevant. Please highlight or delete …**

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have access to a laptop or computer with Wi-Fi connection at home: NB. This is our preferred option for all zoom sessions  | **YES/ NO** | Are you confident in using a laptop or computer? | **YES/ NO**  |
| Do you have access to a SMART phone with WiFi connection  | **YES/ NO** | Do you have a SMART TV where you can access YouTube  | **YES/ NO** |
| Do you have a personal email address where we can send you information and documents to help you with your course? | **YES/ NO** | Do you have a space in your home where you can be undisturbed for a maximum of 2 hours at a time whilst taking part in the course you have chosen? | **YES/ NO** |
| Are you confident in using Zoom to access courses and workshops? | **YES/ NO** | If NO to Zoom etc., are you prepared to attend a 1 hour workshop, provided by us at no cost that will teach you the basics? | **YES/ NO** |
| Do you have any other issues or concerns in respect of IT in relation to participating in this course? |  |  |  |

|  |  |
| --- | --- |
| **Applicants Signature** | **Date** |
|  |  |
| **Line Managers Signature** | **Date** |
|  |  |
| DATA COLLECTION. This information is required by SEG and by funders. PLEASE NOTE this Page is filed separately and is not reported with the rest of your personal details.**GENDER:** Please **highlight or tick** the relevant response- **Female ……... Male ……… Other …………………… Prefer Not to say ………** **YOUR AGE GROUP** Please tick:18-24… 25-29… 30-34… 35-39…40-44… 45-49… 50-54… 55+… **ETHNIC ORIGIN: Please complete the following sections by: tick or highlight the relevant section (e.g. Asian British) and number and the YES/ NO questions:****White** **Asian and Asian British**01 British 08 Indian02 Irish 09 Pakistani03 Other White Background 10 Bangladeshi ……………………………….. 11 Other Asian Background .…………………….**Mixed** **Black or Black British**04 White and Black Caribbean 12 Caribbean05 White and Black African 13 African06 White and Asian 14 Other Black Background ………………………..07 Other Mixed Background ……………………………….. **British Passport Holder: YES / NO**  **Chinese or Other If No have ‘Right To Remain’ Status YES / NO** 15 Chinese 16 Any other Ethnic Group ……………………………………………………………………..Please note that if you are not a British Passport Holder, we will now require your letter of ‘Right to Remain’ in the UK in order to confirm your place on the programme. We will clarify this at interview if necessary.**Learners with Learning Difficulties and/or Disabilities (SLDD):**We are obligated to record whether or not a learner has a learning difficulty and /or disability using the following system. Please **highlight or tick** the relevant letter-**A:** Learner **considers** himself/ herself to have a learning difficulty and /or disability**B:** Learner **does not** consider himself/herself to have a learning difficulty and /or disability**C:** Learner **does not** wish to disclose**The first part of Your Home Postcode:** e.g. SW1 **………….****Start Date at your current youth work placement: …………………………………** |

**Course Fees Declaration:** Please complete by **highlight or tick** - **I confirm that:**

|  |  |
| --- | --- |
| a) I will be paying the fees for the Course myself -  **No Yes** | b)my line manager has agreed that my Organisation will pay the fees **No Yes** |

Please note - the whole course fees are payable within two weeks of receiving the invoice, or via instalments if agreed. This payment is due once a place on the course is offered and accepted. Payment plans will be offered.

**\*NB\*.** Should the Learner subsequently withdraw from the course (for whatever reason) once the place has been accepted, **the whole course fee is still payable**. Please sign below. You will be asked to countersign it at Interview if you are to be offered a place.

|  |  |
| --- | --- |
| **Applicants Signature:** | **Date:** |

**Please ask your line manager and supervisor (this may be the same person?) to agree the following conditions by highlighting/ ticking the boxes and then hand signing in the appropriate places. By signing you confirm that all the information given is true and that you will be actively supporting the learner to achieve their Certificate in Youth Work Practice Qualification.**

**Line Management:**

**Disclosure and Barring Service (DBS) check.**

Staff/volunteers over 18 years working with young people are required to undergo a DBS check. This is the responsibility of the organisation where the learner is working/ volunteering.

□ I confirm that the above learner has a current DBS check

|  |  |  |
| --- | --- | --- |
| **Line Managers Name**  |  | **Date** |
| **Signature** |  |  |

**Applicant:**

□ I confirm that I am a professionally Qualified JNC Youth Worker – at Level 5 or above.

□ I will carry out the regular assessment of x3 learners on a current Level 2 Certificate in Youth Work Training Course.

□ I will complete all written work for the three Units that the course requires.

□ I will provide written evidence, which evaluates the working practice of the learners, including observed practice.

□ I agree to attend assessment tutorial meetings with my course assessor to discuss my progress as and when required.

|  |  |  |
| --- | --- | --- |
| **Applicants Full Name**  |  | **Date** |
| **Signature** |  |  |

**Please return this form to Kay Brokenshire,** **email:** kay.training@harrowclub.org

Please return **all** pages as a word document. Then, in addition scan, sign and send a PDF version of Page 4, at the same time.