[](https://abcawards.us15.list-manage.com/track/click?u=2444f55775fa80c982e8e5270&id=2a297f2399&e=bb35828d63)

**Application Form for the SEG Certificate in Youth Work Practice Courses.**

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

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| **Level 2:** | **Level 3:** | **Level 3: Conversion** |

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

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

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

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

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| **Date of Birth:** |

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

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

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| **GSCE or other): Previous Qualifications INCLUDING the level of your English and Maths qualification, and any prior Youth Work Training** |
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| **A brief note of your Youth Work Experience with dates:** |
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| **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** |
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| **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.** |
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**Given that our workshop sessions are delivered by zoom as well as in face-to-face classroom situations, it is important that we understand your situation in regard to IT. Please complete the following section in full adding any additional information you may feel is relevant. Please highlight or delete …**

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| 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 Wi-Fi 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? If YES please make sure it is recorded on this form | **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? |  |  |  |

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| **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. Please highlight or tick the relevant response in each section. **GENDER:** -  **Female ……... Male ……… Other …………………… Prefer Not to say ………**  **YOUR AGE GROUP**:18-24… 25-29… 30-34… 35-39…40-44… 45-49… 50-54… 55+…  **ETHNIC ORIGIN: Please complete the following sections: 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 Indian  02 Irish 09 Pakistani  03 Other White Background 10 Bangladeshi  ……………………………….. 11 Other Asian Background .…………………….  **Mixed** **Black or Black British**  04 White and Black Caribbean 12 Caribbean  05 White and Black African 13 African  06 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:**

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| 1. 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** | c) I wish to apply for a Bursary to cover the fees  **No Yes** |

If **YES** to a) or b) Then 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. Further info. re Bursary will be available on receipt of Application

**\*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.

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| **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

**Placement**

□ I confirm that the above learner has regular employment/ volunteering opportunities working with groups of young people (13-19 yrs.) while on this course, for the required minimum number of hours = 3hrs per week (level2) 6hrs per week (Level 3)

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

**Supervision:**

□ I confirm that I am a JNC Qualified Youth Worker – at Level 3 or above.

□ I will carry out regular supervision sessions with this learner throughout the course with a minimum of 5 hours of supervisions (i.e., x10 30 min sessions) recorded for their portfolio

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

□ I agree to attend meetings to discuss the progress of the learner as and when required.

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| --- | --- | --- |
| **Supervisors Name** |  | **Date** |
| **Signature** |  |  |

**Please return this form to Kay Brokenshire,** **email:** [kay.training@harrowclub.org](mailto:kay.training@harrowclub.org)

The Application form should be returned in full as a **Word Doc.** Additionally the signature page 4, should be fully signed, so needs to be scanned, hand signed and sent on as a PDF at the same time. Thank you.