

SVQ Application Form

| For Admin Use | Only |
|------------------------------|------|
| Received | |
| Processed | |
| Acknowledged | |
| SQA Site Selection Checklist | |

Please complete a Digital Copy of this Form

| Which course are you applying t | or? | | |
|---------------------------------|---|-------------------------|--|
| SVQ in Children | SCQF Level 7 (SVQ3) N Day Release Programm SCQF Level 7 (SVQ3) Ta | ne Evening Pr | el 7 (SVQ3) MA Extended rogramme el 7 (SVQ3) |
| and Young People | Evening Programme | Open Asse | essment |
| | SCQF Level 9 (SVQ4) Open Assessment | | |
| SVQ in Social Services | SCQF Level 6 (SVQ2) Open Assessment | SCQF Leve Open Asse | el 7 (SVQ3) essment |
| and Healthcare | SCQF Level 9 (SVQ4) Open Assessment | · | |
| SVQ in Management | SCQF Level 9 (SVQ4) Open Assessment | CSLM unit | :S |
| | | | |
| SECTION A YOUR DETA | LS | | |
| Please tell us how you | Employer | Internet Search/Website | Social Media |

| SECTION A YOUR | DETAILS | | | |
|---|---------------------------------------|--|-----------------------|-----------------------|
| Please tell us how you heard about this course? | Employer TfC Marketing Email | Internet Sear Friend/Relati | • | Social Media Other |
| Forename(s) | | Middle Name(s |) | |
| Surname | | Preferred name (if different from above) | | |
| Date of Birth | | _ | | |
| Home Address | | | | |
| Town/City | | ı | Postcode | |
| Email Address | | | | |
| W | e will use this email address to send | you correspondence | about your course | |
| Mobile Phone No. | | Home Phone N | D | |
| Workplace Name | | | | |
| Workplace Address | | | | |
| Town/City | | | Postcode | |
| Workplace Phone No. | | | | |
| Current Job Title | | | Date of Employment | |
| Is your position full time | or part time? full time | part time | pioyment | |
| If you work part time, wh | at are your average working h | ours per week? | | |
| What shifts do you work? | day shift night sl | nift both day | shift & night shi | ft |
| If you know your 9-digit 9 | SQA Scottish Candidate Numb | er (SCN) please e | nter it here: | |

| SECTION B | EMPLOYMENT AND | TRAINING | | | | |
|---|---|---|---------------------|-------------------|------------|-----------|
| 1. Please attach a | copy of your current job | description (if a | vailable). | Attached | Not Attac | hed |
| _ | not attached your job d If you have, you can us | | • | | • | • |
| | | | | | | gether in |
| Years b) Please detail | Months your employment in the | childcare or adul | t care sector. alor | ng with any other | emplovment | relevant |
| to your application | | | , | | | |
| Employer | | Job Title | | Employm | ent Dates | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| If no, do you ob b) Do you hav give some brid | our first language Yes experience any difficulties ve any additional support ef information here abou with you as part of our int | s with reading or needs (mental of t how we may b | or physical e.g. a | • | | • |
| | regular access to a pc or phones are not compatible w | | | | YES | NO |
| | ent are you in your comp | , | Very Confident | Confident | Not Cor | nfident |
| ., | , , | | . , | | | |

| 6. Please list any qualifications, other course | s and trainir | g relevant to your job role and th | ne proposed SVQ. |
|--|----------------------|------------------------------------|---------------------------|
| Course Title | Level Achieved | Course Title | Level Achieved |
| | 7 terrie v e d | | Acmerea |
| | | | |
| | | | |
| | | | |
| SECTION C FUNDING | | | |
| How will your course be funded? You mu information requested for your selection. | ust select on | e of the funding categories below | , and complete all of the |
| Modern Apprenticeship (see our web: | site for inforn | nation on eligibility) | |
| Age: 16 – 19 20 – 24 | 25+ | 20 – 29 (Disabled/Additiona | • • |
| What is your National Insurance number? | | experienced, see our websi | e for info) |
| To be eligible for MA funding you must be a | ble to answ | er 'No' to the following guestions | |
| Are you subject to an employment restriction. | | . | Yes No |
| Do you currently attend any other Governm | • | | |
| Please answer also answer the following que | | | |
| 3. Have you had Modern Apprenticeship fund | | | - |
| If you have answered yes, please give details of completed: | _ | | • |
| Please list your qualifications (qualifications | from school | and further education) | |
| Course Title | Level Achieved | Course Title | Level Achieved |
| | | | |
| | | | |
| | | | |
| SAAS Part Time Fee Grant (PTFG) | – SVQ 3 ar | d 4 only | |
| If you are using SAAS PTFG who is paying th | e rest of the | fee? Candidate | Employer* |
| Please see our website for information on how *Please note if your employer is using VSDF fur | | | |
| No Funding Support | | | |
| If you are <i>not</i> using either MA or SAAS PTFG | i, who is pav | ing the fee? Candidate | Employer |

By signing you agree to the information on this form being processed in line with our Privacy Information Notice (PIN) (please go to our website to view our <u>PIN</u> or email info@tfcscotland.org.uk if you wish to be sent a copy)

Signature* Date

Please now pass the form to your employer to complete and sign section D



^{*}a typed signature is acceptable

SECTION D TO BE COMPLETED BY THE CANDIDATE'S EMPLOYER

Candidate Selection

Selection procedures focus on the abilities, commitment and employment position of the candidate and on the commitment and capacity of the candidate's employer to support the qualification process.

Support for Candidates within the Workplace

Provision of an appropriately qualified, experienced and motivated workplace mentor is a requirement to:

- Support the candidate's development of knowledge and skills both as preparation for assessment and post-assessment following feedback
- o Support the candidate in meeting agreed deadlines (please note extended deadlines may incur additional costs as set out in the employer contract)
- o Provide Witness Testimony evidence for candidates when requested
- o Support candidate in preparing for planned visits
- o Meet the assessor following direct observations and participate in feedback
- o Monitor progress regularly through discussion with candidate and, where agreed, viewing VQFolio Assessment Cycle
- o Follow up any reports from the assessor regarding candidate progress

Award Management and Payment of Fees

Individualised targets for award progression and completion are scheduled with the candidate at the start of the programme according to experience and ability. If targets are not met and additional inputs are required it may be necessary, where reasonable, to charge an additional fee however this will be discussed and agreed with the employer prior to the work being carried out. An employer Contribution is payable for Adult Social Care Candidates (see chart for details – subject to annual change). Failure to sign Modern Apprenticeship Quarterly Review Documentation within the timeframe, will incur the fees from that quarter (as per employer contract).

| MA Employer Contribution - Social Care SVQ2 & SVQ3 | | | | | |
|--|-----|------|----------------|------|--|
| SVQ2 (Level 6) | | | SVQ3 (Level 7) | | |
| Age | Fee | | Age | Fee | |
| 16-19 | | £250 | 16-19 | £250 | |
| 20-24 | | £350 | 20-24 | £350 | |
| 25+ | | £450 | 25+ | £450 | |

| | ILS | | | | |
|--|--|--|--|--------------------------|--|
| Organisation Name | | | | | |
| Head Office Address | | | | | |
| Postcode | | Phone | е | | |
| General Email | | W | e would like to receive email up | dates about TfCs courses | |
| CONTACT DETAILS FO | R CORRESPONDENCE N.B. cor | respondence includes initial do | cumentation and confidential pro | ogress reports | |
| Name | | Positi | ion | | |
| Address | | | | | |
| Postcode | | Phone | e | | |
| Email | I would like to receive email updates about TfC's courses | | | | |
| INVOICE CONTACT DE | TAILS | | | | |
| Address | | | | | |
| Postcode | | Phone | e | | |
| Email | | | | | |
| MENTOR DETAILS | | | | | |
| Name | | Positi | on | | |
| Email | | Phone | e | | |
| | | | | | |
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Please email completed application to: info@tfcscotland.org.uk (or post to Training for Care, Norton Park, 57 Albion Road, Edinburgh, EH7 5QY)



Training for Care Scottish Charity SC006545 www.tfcscotland.org.uk SVQ Application Form March 2025 Version

^{*}a typed signature is acceptable