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PDA Application Form

SECTION A TO BE COMPLETED BY THE STUDENT

Please tell us how you heard about this course? _____

Student Name _____ **Date of Birth** ____ / ____ / ____

Home Address _____

_____ **Postcode** _____

Email Address _____

We will use this email address to send you correspondence about your course

Home Phone No. _____

Mobile Phone No. _____

Workplace Name _____

Workplace Address _____
(the address where you work)

_____ **Postcode** _____

Workplace Phone No. _____

Current Job Title _____

Date of Employment ____ / ____ / ____

SECTION B/ STUDENT

1. Please attach a copy of your current job description (if available) *Attached* / *Not Attached*

2. Please describe fully your supervisory role and responsibilities in your current position.

3. Please confirm how long you have been in your current supervisory role, and current qualifications. Applicants should hold a SVQ in Social Services and Healthcare at SCQF 7, or equivalent registerable qualification for their role with the SSSC.

4. Why are you applying for this programme?

5. Do you have any additional support needs (e.g. dyslexia, hearing, sight)? If yes, please give information here about how we may be able to support you through the Award.

6. Do you have regular access to a PC or laptop with word software and internet access? YES / NO

7. How will your course be funded? You **must** select one of the funding categories below.

Skills Development Scotland Individual Training Account (SDS ITA)

SDS ITA gives you up to £200 towards the cost of training. Information on eligibility can be found on www.myworldofwork.co.uk **Please tick here if you would like to use SDS ITA funding**

If you are using SDS ITA, who is paying the rest of the fee? Student Employer

If you have completed this section we will get in touch with you when we receive your application to let you know how to apply for the funding.

No Funding Support

If you are not using either SDS ITA, who is paying the fee? Student Employer

I 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 PIN 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 section B (overleaf)

SECTION B TO BE COMPLETED BY THE STUDENT'S EMPLOYER

Student Selection

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

Student Support

Provision of an appropriately qualified, experienced and motivated workplace mentor is a requirement to liaise with the student's TfC assessor and ensure that

- (1) The student has access to the work and assessment opportunities required to complete the qualification.
- (2) The student meets and communicates with TfC staff as agreed in the assessment timetable.

Award Management and Payment of Fees

- (1) Targets for award progression and completion are scheduled with the student at the start of the programme.
- (2) If the student requires additional inputs to complete the programme, these and related fees (current rate £40 per hour) will be agreed with the student and the employer prior to the additional work being carried out.

ORGANISATION DETAILS

Organisation Name _____

Head Office Address _____ Postcode _____

_____ Phone _____

General Email _____

We would like to receive emails about Training for Care's courses

CONTACT DETAILS FOR CORRESPONDENCE

N.B. correspondence includes initial documentation and confidential progress reports

Name _____ Position _____

Address _____ Postcode _____

_____ Phone _____

Email _____

I would like to receive email updates about Training for Care's courses

INVOICE CONTACT DETAILS

Address _____

_____ Postcode _____

Email _____ Phone _____

Please complete all details in the contact and mentor sections above and sign below to confirm your support for the student's application as set out in this document, including any funding commitments indicated in section 7 of the student section, and in the programme publicity and information.

I agree to the information on this form being processed in line with our Privacy Information Notice (PIN) (please go to our [website](http://www.tfcscotland.org.uk) to view our PIN or email info@tfcscotland.org.uk if you wish to be sent a copy) For our records please tick here if you are receiving VSDF funding for the student

Signature _____ Date _____

Name (please print) _____

Position _____

If you have not used TfC before, please tell us how you heard about us? _____

**Please email the completed application to: info@tfcscotland.org.uk
(or post to Training for Care, 12-14 Logie Green Road, Edinburgh, EH7 4EZ)**