

SVQ Application Form

SECTION A TO BE COMPLETED BY THE CANDIDATE

Which course are you applying for? (please tick)

Children and Young People SVQ 3 (SCQF 7)

- MA Supported Day Release
 Evening Taught
 Open Assessment
 MA Supported Evening

Social Services and Healthcare

- Open Assessment SVQ2 (SCQF 6)
 Open Assessment SVQ3 (SCQF 7)
 Open Assessment SVQ4 (SCQF 9)
 MA Programme SVQ2 (SCQF 6)
 MA Programme SVQ3 (SCQF 7)
 Management SVQ 4 (SCQF 9)
 CSLM Units for Registration

Please tell us how you heard about this course? _____

Candidate 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 _____

Is your position full time

part time If you work part time, what are your average working hours per week? _____

Do you work day shift night shift both day shift & night shift

SQA Scottish Candidate Number (SCN)

If you know your SCN please enter it here

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Do you have a previous surname? Please enter here: _____

SECTION B TO BE COMPLETED BY THE CANDIDATE

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

2. a) If you *have not* attached your job description, please describe fully your role and responsibilities in your current position. If you *have*, you can use this space to add any details which you think are relevant to your application.

b) What is your involvement in the planning, feedback and review process of the people you support?

3. Looking at your full employment history since leaving school, for how long have you worked altogether in childcare or adult care? _____ Years _____ Months

4. 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 your award.

5. a) Do you have regular access to a pc or laptop with word software and internet access? YES NO
(please note tablets or smartphones are not compatible with our online portfolio system, Learning Assistant)

b) How confident are you in your computer skills?

very confident

confident

not confident

6. List any qualifications, other courses and training relevant to your job role and the proposed SVQ.

SECTION C FUNDING

How will your course be funded? You **must** select one of the funding categories below, and complete all of the information requested for your selection.

Modern Apprenticeship (see our website for information on eligibility)

Age: 16 – 19 20 – 24 25+ 20 – 29 (Disabled/Additional support needs/Care experienced, see our website)

What is your National Insurance number

Please answer the following questions as they may affect your eligibility for funding

Are you subject to an employment restriction and/or to a time limit on your stay in Great Britain **YES NO**

Have you had Modern Apprenticeship funding for a social care or childcare award in the last 3 years **YES NO**

If you have answered yes above then please give details of the SVQ level and title, year started and whether fully or partially completed _____

Please list your qualifications (qualifications from school and further education)

Course Title

Level Achieved

Course Title	Level Achieved

SAAS Part Time Fee Grant (SAAS PTFG) – SVQ 3 and 4 only

If you are using SAAS PTFG who is paying the rest of the fee? Candidate Employer*

Please download the SAAS Part Time Fee Grant Application form from our website and send it to TfC along with this application form. See TfC's SAAS Part Time Fee Grant Guidance and the SAAS Guidance Notes on our website for further information.

**Please note if your employer is using VSDF funding you are not eligible for SAAS PTFG*

No Funding Support

If you are not using either MA or SAAS PTFG, who is paying the fee? Candidate 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 D (next page)

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 liaise with the candidate's TfC assessor and ensure that

- (1) The candidate has access to the work and assessment opportunities required to complete the qualification.
- (2) The candidate is supported to develop their knowledge and skills, both as preparation for assessment and post assessment following feedback.
- (3) The candidate meets agreed achievement targets and deadlines and the peripatetic assessor is kept fully informed of any concerns regarding the candidate's progress.
- (4) The candidate meets and communicates with TfC staff as agreed in the assessment timetable.
- (5) The peripatetic assessor has access at the times arranged with your organisation.
- (6) Appropriately qualified staff are made available to provide supporting witness evidence.

Award Management and Payment of Fees

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

ORGANISATION DETAILS

Organisation Name _____
Head Office Address _____ Postcode _____
_____ Phone _____
General Email _____
 we would like to receive emails about TfCs 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 _____

MENTOR DETAILS

Name _____ Position _____
Email _____ Phone _____

Please complete all details in the contact and mentor sections above and sign below to confirm your support for the candidate's application as set out in this document, including any funding commitments indicated on the previous page and in the programme publicity and information. For our records please tick here if you are receiving VSDF funding for the candidate Please note if you are using VSDF, candidates can not apply for SAAS PTFG

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.tfscotland.org.uk) to view our PIN or email info@tfscotland.org.uk if you wish to be sent a copy)

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@tfscotland.org.uk (or post to: Training for Care, 12-14 Logie Green Road, Edinburgh, EH7 4EZ)