

## SVQ/PDA Application Form

### SECTION A TO BE COMPLETED BY THE CANDIDATE

Which course are you applying for? (please tick)

**Children and Young People**

*MA Supported Day SVQ3*      
 *Evening SVQ3*      
 *Open Assessment SVQ3*   
*MA Supported Evening SVQ3*

**Social Services and Healthcare**

*Open Assessment SVQ2*      
 *Open Assessment SVQ3*      
 *Open Assessment SVQ4*   
*Taught Programme SVQ2*      
 *Technical Apprenticeship*

**PDA in Health and Social Care Supervision**

**Management SVQ4**

**LMC Units** (Leadership and Management for Care Services)

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**

## SECTION B/ CANDIDATE

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

2. 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.

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. 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

6. 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)

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

**Title and result of qualifications obtained in school or further education**

(e.g. English Standard Grade 3, Maths Intermediate 1)

**Other courses and training (please specify if any were Modern Apprenticeship funded)**

**8. 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/Technical Apprenticeship**

Age: 16 – 19   20 – 24   25+ (Childcare only)   20 – 29 (Disabled/Care Experienced)   TA (SVQ4 only)

What is your National Insurance number 

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**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 previously had Modern Apprenticeship funding for a care or childcare award **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 \_\_\_\_\_

**Skills Development Scotland Individual Training Account (SDS ITA) – SVQ Level 2 and PDA only**

SDS ITA gives you up to £200 towards the cost of training. Information on eligibility can be found on [www.myworldofwork.co.uk](http://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?  Candidate    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.*

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

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

*Please download TfC's SAAS Part Time Fee Grant Guidance from our website for further information*

**No Funding Support**

If you are *not* using either SDS ITA or SAAS PTFG, who is paying 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 PIN or email [info@tfcscotland.org.uk](mailto: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 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.

### Candidate Support

**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 \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
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 \_\_\_\_\_ Phone \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_  
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 in paragraph 8 of the candidate section, and in the programme publicity and information.**

**By signing you also 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](mailto: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 candidate

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Position \_\_\_\_\_

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

**Please post the completed application to: Training for Care, 12-14 Logie Green Road, Edinburgh, EH7 4EZ**