

# Application for Approved Trainer status



|              |  |               |  |
|--------------|--|---------------|--|
| Name         |  | Date of birth |  |
| Home address |  | Telephone     |  |
|              |  | Email         |  |
|              |  | Post code     |  |

Are you a self employed trainer? Yes/No

If no, please give details of your work place below.

|                             |  |  |  |
|-----------------------------|--|--|--|
| Work place name and address |  | Organisation (if different)                                  |  |
| Post code                   |  | Manager's name   |  |
| Telephone                   |  | Your role including details of responsibilities for training |  |
| Email                       |  |  |  |

Employment History (most recent first.)

| Dates | Employer | Position (including responsibilities) |
|-------|----------|---------------------------------------|
|       |          |                                       |

Education, including all vocation training

| Dates | School, College or other training provider | Qualification, including awarding body where relevant |
|-------|--|---|
|       |  |   |

Please indicate the courses for which you are seeking approval.

| Course  | √ | Course                                   | √ |
|---|---|--|---|
| Contributing to the Protection of Adults                  |   | Total communication                      |   |
| Safeguarding Children and Young People                    |   | Pressure Area Care                       |   |
| An Introduction to Handling Medicines in the Care Setting |   | Food Hygiene and Safety for Care Workers |   |
| Positive Interventions for Behaviours that Challenge      |   | Understanding Person Centred Care        |   |
| An Introduction to Understanding Dementia                 |   | Moving and Handling for Care Workers     |   |
| Induction to working in Adult Care                        |   | Risk Assessment in the Care Setting      |   |

I enclose a copy of an up to date CV, relevant certificates and a current CRB check. (if employed in current position for less than 3 years.)

I confirm that the information I have given is to the best of my knowledge correct and accurate.

|               |             |
|---------------|-------------|
| <b>Signed</b> | <b>Date</b> |
|---------------|-------------|

Would you like information on becoming a tutor through our centre for ASET  NCFE  City and Guilds