

Course Dates: Monday 28th Nov, 5th Dec, 16th Jan, 23rd Jan, 27th Feb, 6th March

Venue: The Pillar Box, High Street, Dingwall IV15 9HA

PDA in Youth Work Application Form 2016 / 2017

Your Contact Details: Please enter the details of where you wish us to contact you. This may be your work address or your home address. Please ensure that you give us a mobile number, as we may have to contact you at evenings or weekends. PROVIDING A PERSONAL E MAIL ADDRESS IS AN ADVANTAGE AS COURSE RELATED MATERIAL MAY BE SENT TO YOU BETWEEN SESSIONS. THIS EMAIL ADDRESS WILL ONLY BE USED FOR PDA RELATED EMAILS.

Name:	D.O.B	
Address:		
Addiose.		
Tel:	Mobile:	
Email:		
Email.		
Job role/ title:		
Designation /places delete es common	windo.	
Designation: (please delete as appropriate of the control of the	riate)	
Full time worker / Part time worker / Sessional / Volunteer		
Your Group/ Organisation details:		
Group/ Organisation name:		
C. Cup, C. gameanen name.		
Address and postcode:		
	Youth Highland Membership No. (if applicable):	
Tel:	350/	
Can you confirm that this is the group/organisation where you will undertake your youth		
work observed practice?		
YES / NO (please delete as appropriat	re)	
Line manager or person in charge of group where you work/ volunteer:		
Name:		
Position:		
Organisation:		
Contact Email		
Contact Tel No:		

Special requirements: If you have any specific dietary, learning support, access or		
other requirements please describe them here.		
Please describe your previous and current experience of youth work and what you hope to get out of undertaking this PDA in Youth Work course: (Up to 300 words) NB/ You should include the age-range of young people you have worked with, the kind of settings you have worked in, how long you have been working /volunteering in youth work and what your roles		
have involved.		

includ	•	out your previous experience of education, y have undertaken at school/ college/ work/ as
I enclos OR/Ple Addres Contac	please select option below) se a cheque for £500 (payable to Yo ease send an invoice for the course ss: ct Name: ct Tel No:	
	cation Checklist	nis PDA in Youth Work course, I am required to:
•	·	d will do this for you as part of the course registration)
	UNIT 1 Understanding and Exploring	
	Monday 28 th Nov Monday 5 th December	11am – 4pm 11am – 4pm
	UNIT 2 Engaging Young People Monday 16 th January Monday 23 rd January	11am – 4pm 11am – 4pm
	UNIT 3 Delivering Youth Work Monday 27 th February Monday 6 th March	11am – 4pm 11am – 4pm
•		
Signe	d (Candidate):	
I support the candidate's application and will support them to meet the requirements above, including supporting arrangements for the required Observed Practice session to be carried out between 7 th March and 31 st March.		
Signed (Line Manager or Volunteer Supervisor) :		
	ing by email, typed signatures are a er/Supervisor prior to the course st	acceptable but we will contact your Line arting to confirm their support.
Date:		

Please complete this application form and return to:

Clair Nichols, Youth Highland clair.nichols@youthhighland.org.uk Tel: 01349 865186

- Application forms must be completed and signed by the applicant.
- Application forms must be returned by no later than 12 noon on 4th November.
- Successful applicants will be advised by 11th November.
- A formal acceptance form will be sent out to those offered places which must be completed and returned **asap**.
- All payment fees must also be received before the course start date.
- The first session of the course will take place on 28th November.

For more information about the course content, please contact Clair Nichols at Youth Highland or Michele Meehan, Training & Communications Manager at Youth Scotland michele.meehan@youthscotland.org.uk Tel 0131 554 2561