**CONFIDENTIAL**

Practice Education - Developing Professional Practice in Social Work Programme

Application Form

Please ensure that you have visited our website for important information relating to the course, before completing this application form (<https://www.brunel.ac.uk/social-work/Practice-Educators-Programme>). By completing this application form you agree with the processing of your data for the purpose of participating on the course.

**1. Course you are applying for**

Please tick the box of the course you wish to attend (please note in an academic year there are two possible start dates for PEPS Stage 1 and only one start date for PEPS Stage 2):

|  |  |
| --- | --- |
| Course | I wish to attend (please tick as appropriate): |
| Practice Education - Developing Professional Practice in Social Work Programme (PEPS Stage 1) – October 2020 start |  |
| Practice Education - Developing Professional Practice in Social Work Programme (PEPS Stage 1) – February 2021 start |  |
| Practice Education - Developing Professional Practice in Social Work Programme (PEPS Stage 2) – November 2020 start |  |

If you are applying for Practice Education - Developing Professional Practice in Social Work Programme (PEPS Stage 2) please provide the following additional details regarding where you passed your PEPS Stage 1 Course:

|  |  |
| --- | --- |
| Where did you pass your PEPS Stage 1 course? |  |
| What date did you pass your PEPS Stage 1 course? |  |
| Do you have evidence confirming your completion of your PEPS Stage 1 course? (This should be submitted with your application) | **YES/NO** (*please delete whichever does not apply*) |

**2. Social Work Student**

|  |  |
| --- | --- |
| Are you taking a Brunel Student? | **YES/NO** (please delete whichever does not apply) |

If YES, please provide the Brunel social work student’s details below:

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | Surname: |

If NO, please provide the name and address of whom to invoice for the course fees:

|  |
| --- |
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**Please note** that if you are taking on a final year social work student you will require the oversight/ratification of a PEPS Stage 2 qualified Practice Educator mentor/assessor in relation to your assessment and grading of the student. Please liaise with your Learning and Development / Training Officer in relation to this.

**3. Personal Contact Details**

|  |  |  |
| --- | --- | --- |
| Title: | First Name: | Surname: |
| Agency: |  |
| Team/Service User Group: |  |
| Work Address: |  |
| Work Email: |  |
| Work Contact Number: |  |

**4. Qualifications**

|  |  |
| --- | --- |
| Do you hold a Social Work qualification? | **YES/NO** (please delete whichever does not apply and note that you must be a registered social worker to apply for PEPS) |

If YES, please state the name of the qualification, the year that it was obtained/awarded and your HCPC number below (please note you will require at least 2 full years’ post-qualifying experience):

|  |  |
| --- | --- |
| Title: |  |
| Year Awarded: |  |
| HCPC Number: |  |

If No, please provide details of any qualifications you do hold, the year that it was obtained and how it enabled you to become a registered social worker:

|  |  |
| --- | --- |
| Title: |  |
| Year Awarded: |  |
| Other details: |  |

|  |  |
| --- | --- |
| Do you hold a current DBS certificate? | **YES/NO** (please delete whichever does not apply) |

**5. Previous Experience**

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| --- |
| Please demonstrate that you are practicing at PCF Experienced Social Worker level (please see <https://www.basw.co.uk/professional-development/professional-capabilities-framework-pcf/the-pcf/experienced-social-worker> for details of what should be demonstrated) : |
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| Please outline your interest and commitment to Practice Education (these could be activities such as supporting students and other new staff): |
|  |

|  |
| --- |
| Please outline any previous and/or relevant experience you may have of practice education, including mentoring, supervising and assessing social work students, adult learners and line management supervision: |
|  |

**6. Named Contact Details and Commitment to supporting a Social Work Student**

|  |  |
| --- | --- |
| Line Manager’s Name: |  |
| Work Email Address: |  |
| Work Telephone Number: |  |
| Does the Line Manager commit to provide regular supervision and support to the PEPS applicant? | **YES/NO** (please delete whichever does not apply) |
| Does the Line Manager and the team commit to supporting the social work student and the Practice Educator applying for this course? | **YES/NO** (please delete whichever does not apply) |

|  |  |
| --- | --- |
| Learning and Development / Training Officer’s Name: |  |
| Work Email Address: |  |
| Work Telephone Number: |  |
| Does the organisation provide regular group meetings where issues and challenges can be worked through? | **YES/NO** (please delete whichever does not apply) |
| If **NO**, why is this not provided. |  |
| Does the organisation provide workload relief while the applicant is undertaking PEPS? | **YES/NO** (please delete whichever does not apply) |
| If **YES**, what workload relief is provided? |  |

**7. Further Details**

|  |  |
| --- | --- |
| Do you have a disability that you would like to tell us about? | **YES/NO** (please delete whichever does not apply) |
| If **YES**, please provide further details below: |
|  |

|  |  |
| --- | --- |
| Do you have additional requirements to enable you to undertake the course? | **YES/NO** (please delete whichever does not apply) |
| If **YES**, please provide further details below: |
|  |

Please note there is an 80% minimum attendance requirement for the course.

Once the form is completed, please email it to:

Sherwyn.Sicat@brunel.ac.uk and CC: CHMLS-TPO-HS@brunel.ac.uk