**CONFIDENTIAL**

**Practice Education - Developing Professional Practice**

**Application Form**

Please ensure that you have visited our website for important information relating to the course, before completing this application form.

**1.** Please tick the box of the course you wish to attend:

*\*if applying for PEPs 2, please provide details of where and when you completed PEPs 1*

|  |  |  |
| --- | --- | --- |
| **Programme** | **Course A** | **Course B** |
| Practice Education - Developing Professional Practice (PEPs 1) |  |  |
|  |  |  |
| Practice Education - Developing Professional Practice (PEPs 2) |  |

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

If **YES**, please provide their details below:

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |

If **NO**, please provide a name and address to invoice:

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**2.** Please provide your personal contact details below:

|  |  |  |
| --- | --- | --- |
| Title: | First name: | Surname: |
| Agency: |
| Team/Service user group: |
| Mobile telephone number: |
| Work address: | Work email: |
| Work telephone number: |

**3a.** Qualifications:

|  |  |
| --- | --- |
| Do you hold a Social Work qualification? | **YES / NO** (*Please delete whichever does not apply)* |

If **YES**, please state the name of the qualification, the year that it was obtained/awarded and your HCPC number below:

|  |  |
| --- | --- |
| Title: |  |
| Award year: |  |
| HCPC number: |  |

If **NO**, please provide details of any qualifications you do hold and the year that it was obtained:

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**3b.** Please confirm if you hold a current DBS certificate below:

**YES / NO** (*Please delete whichever does not apply)*

**3c.** Previous experience

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| Please list below any previous and/or relevant experience you may have of practice education, including mentoring, supervising and assessing social work student, adult learners and line management supervision. |
|  |

**4.** Named contact details:

*\*The named person will be copied into the acknowledgement of your application*

|  |
| --- |
| Line Manager name:  |
| Work telephone number: |
| Work email:  |

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| --- |
| Learning and Development / Training Officer name:  |
| Work telephone number: |
| Work email:  |

*\*Please note that if you have been given study leave to attend the module, your Learning and Development / Training Officer will be advised of your progress on the module. Should you not agree with this, please indicate this below.*

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**5.** 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 feel free to provide details below:

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|  |  |
| --- | --- |
| Do you have additional requirements to enable you to undertake the course? | **YES / NO** (*Please delete whichever does not apply)* |

If **YES**, please feel free to provide details below:

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| --- |
|  |

**Once the form is completed, please email it to:**

**Daniel.rider@brunel.ac.uk** **and** **Holly.Nelson-becker@brunel.ac.uk**