

Associate Trainer Application Form

CONTACT INFORMATION				
FULL NAME		DATE OF BIRTH		
HOME ADDRESS				
TELEPHONE NUMBER				
ALTERNATE TELEPHONE NUMBER				
E-MAIL ADDRESS				
EMERGENCY CONTACT <i>(This will only be used in the case of an emergency if we cannot reach you any other way, to ensure your safety)</i>	<i>Name of contact</i>	<i>Relationship to you</i>	<i>Contact no.</i>	
HAVE YOU WORKED WITH NDNA PREVIOUSLY? <i>If yes, please give brief details.</i>				
ARE YOU VAT REGISTERED?				
HOW DID YOU HEAR ABOUT THE ROLE?				
DO YOU HOLD A CURRENT DBS CHECK? <i>If yes please give details, if no or CRB is over 3 years old, please confirm whether you would be happy to obtain one prior to delivering NDNA services: Yes / No / N/a</i>	<i>Full name</i>	<i>Disclosure number</i>	<i>Date of issue</i>	<i>Registering body</i>
DO YOU HOLD A CURRENT FIRST AID QUALIFICATION?	<i>Qualification held</i>		<i>Expiry date of qualification</i>	
HIGHEST TEACHING/TRAINING QUALIFICATION				

EQUIPMENT/TRANSPORT			
<i>Please place an 'x' next to any of the below you have available to travel to/ use at events</i>			
Car		Screen	
Laptop		Speakers	
Projector			

QUALITY ASSURANCE (INSPECTION) VISITS

(if not applicable, please skip to qualifications section)

Which of the following applies to you? <i>(please place 'x' next to any applicable)</i>	Current EY Inspector		Trained inspector but never undertaken inspection work	
	Former EY Inspector		Assessed quality assurance schemes	
	Current/former manager of outstanding setting		None	
Please give details of the inspection training you have received:	Date of completion:			
	Awarding body:			
If you are a current inspector, please give details of the number of inspections you undertake per year:				

QUALIFICATIONS

Course title	Completion date	Institution/awarding body

PROFESSIONAL BODIES/INSTITUTIONS

Please detail any relevant professional bodies/institutions/membership associations that you currently belong to

EARLY YEARS EXPERIENCE

Length of experience <i>(start and end dates, full/part time, employed or self-employed, hours per week etc., reason for leaving)</i>	Title, place of work	Type of work, role and responsibilities

AVAILABILITY

Please provide details of when you are available to train (in general)

Face to face training - Full day (6 hours), half day (3 hours) on weekdays and Saturdays - Evening (3 hours)	
Online training <i>Full day and half day courses split into 90 min modules, delivered over one or two weeks (AM or PM)</i>	

TRAINING EXPERIENCE

Please describe here the types and sizes of audiences you have delivered to and your job title at the time of delivery, and also any feedback you have received from delivering training

YOUR PERSONAL DEVELOPMENT PLAN

*Please tell us about your CPD plans for the last twelve months and the coming year.
(You will be expected to keep NDNA up to date with any certificates of achievement and your CPD records)*

REFERENCES

Please provide the details of 2 referees including telephone and e-mail contact details. At least one should be a professional reference, ideally from a former manager or supervisor.

Company:	Company:
Name:	Name:
Address:	Address:
Tel:	Tel:
E-mail:	E-mail:

I confirm that the above information is accurate, to date and will inform NDNA of any changes which may affect any consultancy arrangements secured with the organisation.

Signed: _____

Print: _____

Date: _____

Please return this form, together with a copy of your CV and any relevant certificates etc. to:

Connor Wardell, Events Officer

connor.wardell@ndna.org.uk