

Associate Trainer Application Form

Please note this application form is used to apply for all of following:

Face to face training, live virtual training, Millie's Mark, Quality Counts, Review of Quality Practice

CONTACT INFORMATION			
Full name			
Home address			
Contact number		Alternative number	
Email address			

EMERGENCY CONTACT DETAILS	
These will only be used in the event of an emergency to ensure your safety	
Name of contact	
Relationship to you	
Contact number	
Email address	

GENERAL INFORMATION			
Previous work with NDNA	Please provide brief details of any previous work, including dates		
How did you hear about the role?			
VAT registration	Highlight relevant response	Yes	No

QUALITY ASSURANCE EXPERIENCE		
<p>Please indicate by highlighting which of the following apply to you</p>	Current EY inspector	Former EY inspector
	Assessed quality assurance schemes	Current/former manager of excellent/ outstanding setting
	Trained inspector but never undertaken inspection work	None
<p>Please provide details of inspection training received</p>	Training title	
	Date of completion	
	Awarding body	
<p>If you are a current inspector, please indicate the number of inspections undertaken per year</p>		

QUALIFICATIONS		
Please include highest practitioner qualification and highest training qualification as a minimum		
Course title	Completion date	Institution/awarding body

PAEDIATRIC FIRST AID QUALIFICATION

Required for working on Millie's Mark only

Qualification title		Date completed	
Training provider		Date for renewal	
Blended or classroom only		Certificate number	

EARLY YEARS EXPERIENCE

Job title & organisation Employed/self-employed	Start/end dates Full/part time	Roles & responsibilities Reason for leaving

TRAINING EXPERIENCE

Please describe whether you have written and/or delivered training, types and sizes of audience, examples of evaluations from delivery

ONGOING PROFESSIONAL DEVELOPMENT

Please provide a brief overview of key CPD undertaken in the previous 12 months and indicate future aspirations

Please note: NDNA will require copies of qualifications and training

EQUIPMENT

Please indicate all personally owned items for use when training

Laptop		Projector	
Speakers		Screen	

TRANSPORT

Car		Public transport	
Maximum distance willing to travel			

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AVAILABILITY			
Face to face delivery Please indicate availability	Full day (6 hours)	Weekdays	
		Saturdays	
	Half day (3 hours)	Weekdays	
		Saturdays	
		Evenings	
	Online delivery Please indicate availability	90 minute modules (delivered over 1 or 2 weeks, am or pm)	Weekdays
Tenders	NDNA regularly bids for tenders to deliver training Please indicate if you would be willing to be contacted if an opportunity became available		
Consultancy	NDNA regularly bids for tenders to develop new products Please indicate if you would be willing to be contacted if an opportunity became available Please provide brief details of areas of expertise		

REFERENCES			
Please provide details of 2 referees, at least one should be a professional reference, preferably from a former manager or supervisor			
Company		Company	
Name		Name	
Postal address		Postal address	
Contact number		Contact number	
Email address		Email address	

CONFLICT OF INTEREST		
Conflict of interest	<p>A conflict of interest is described as engaging in activity which relates to a business which is similar to, or in any way competitive with, the business of NDNA (where such activity may lead to a conflict of interest between the associate and the company)</p> <p>Please indicate if you believe that there is a conflict of interest</p>	
Priority of engagement	<p>The associate shall give priority to the provision of the services to NDNA over any other business activities undertaken by the associate while carrying out NDNA business</p> <p>Please indicate if you are willing to abide by this agreement</p>	

DECLARATION	
<p>I confirm that the above information is accurate at the time of submission. I will inform NDNA of any changes which may affect any arrangements secured with the organisation.</p>	
Name	
Signature	
Date	

Please return this form, together with a copy of your CV and any relevant certificates, to Connor Wardell, Training Officer

Connor.wardell@ndna.org.uk

ASSOCIATE TRAINER SUITABILITY DECLARATION

Full name

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I understand my responsibility to safeguard children and am aware that I must notify NDNA of anything that may affect my suitability, such as being:

- Cautioned, subject to a court order, bound over, receiving a reprimand or warning or found guilty of committing any offences against a child or adult, subject to the requirements of the Rehabilitation of Offenders Act 1974
- Disqualified for caring for children
- Barred from working with children
- Subject of a child protection order.

DECLARATION

Name

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Signature

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Date

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For internal use only

Due diligence check completed

Yes

No

Suitability check completed

Yes

No

Indicate any actions taken, where relevant

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Signed on behalf of NDNA

Name

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Signature

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Date

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