Associate Trainer Application Form

National Day Nurseries Association

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		
Please indicate by highlighting which of the following apply to you	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

Please provide details of inspection training received	Training title	
	Date of completion	
	Awarding body	
If you are a current inspector, please indicate the number of inspections undertaken per year		

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			

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	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) Please indicate if you believe that there is a conflict of interest	
Priority of engagement	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 Please indicate if you are willing to abide by this agreement	

DECLARATION	
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.	
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

National Day Nurseries Association

ASSOCIATE TRAINER SUITABILITY DECLARATION	
Full name	

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	
Signature	
Date	

For internal use only		
Due diligence check completed	**Yes**	**No**
Suitability check completed	**Yes**	**No**
Indicate any actions taken, where relevant		

Signed on behalf of NDNA	
Name	
Signature	
Date	