**BASE 51 TRAINING ACADEMY
Course Registration Form**

**This is a generic application form and initial assessment for all Base 51 Academy training and accredited qualifications.**

**Your Commitment**

As part of your commitment to this training course/qualification you agree to attend all tutor-led,

e-learning sessions and undertake where appropriate self-guided learning, as per the course/qualification timetable. Commitment to self-guided learning is crucial in ensuring your progress and successful completion of the course/qualification. This is key to ensure learning is developed from the sessions with your trainer. If you are applying for a youth work qualification your assessments will vary and could include researching key youth work models, exploring organisational and national policies, through to planning, delivering, and reflecting on a youth work session.

**Employers Commitment (for qualifications only)**

If you are applying for a youth work qualification your employer needs to ensure you have a supervisor from the organisation to support, you through your qualification (different levels of qualifications may require different levels of support from supervisors. For instance, the Level 2 and Level 3 youth work qualifications require supervisors who have knowledge of your role, context of your work, be JNC qualified or have two years’ experience of working with young people.

Supervisors are required to prioritise their time to support you through your qualification and help manage other circumstances that may arise which could impact on your participation. For the Level 2 and Level 3 youth work qualifications, your supervisor is required to carry out observations of your practice. The relevant information to support this process will be provided for each qualification.

**Application Process**

Please complete the information below to help us process your application.

With your permission, Base 51 Training Academy will use and store the information you provide for the duration of your learning journey. All information provided by you is treated as private and confidential. Anonymised information relating to age, gender, disability/additional needs, and ethnicity may be used for reporting purposes only.

All information will be processed in compliance with the Data Protection Act 2018 and used to help us support you through your learning journey. Base 51 Training Academy will ensure your information is not kept longer than is necessary and will retain the minimum amount of data it requires to carry out its duty for your training provision. Base 51 Training Academy will ensure any information which is shared with the awarding body, for registration and certification purposes, is securely stored. Base 51 Training Academy will not disclose any information provided, unless required to do so for safeguarding purposes or in accordance with access to information regimes (these are primarily the Freedom of Information Act 2000, the Data Protection Act 1998 and the Environmental Information Regulations 2004). Base 51 Training Academy will not sell, rent, trade or transfer your personal information to outside companies. You have the right to withdraw your consent at any time. If you wish to withdraw your consent, you can do so by contacting us via academy@base51.org.uk. We will aim to process your request within ten working days.

**REGISTRATION FORM FOR BASE 51 TRAINING ACADEMY**

**YOUTH WORK TRAINING /QUALIFICATION**

**Please indicate your responses to the questions below (🗸):**

|  |  |  |  |
| --- | --- | --- | --- |
| **Level 2 Award in Youth Work Principles** | **Level 2 Certificate in Youth Work Practice** | **Level 3 Certificate in Youth Work Practice****(Please ensure you hold a level 2 qualification before applying to this course)** | **Level 3 Diploma in Youth Work Practice****(Please ensure you hold a level 2 qualification before applying to this course)** |

|  |
| --- |
| **About you:** |
| **First name:** |  |
| **Name you wish to be known as:** |  |
| **Last name:** |  |
| **Date of birth:****(DD/MM/YYYY)** |  |
| **Contact phone number:** |  |
| **Primary email address:** |  |
| **Job/Role title:** |  |
| **Home address:** |  |
| **Postcode:** |  |
| **Do you hold any qualifications that may be relevant to working with Children and/or Young People**  |  |
| **Where are you currently practicing:**  | Creative | Education | Faith Based |
| Government | Housing | Local Authority |
| Sports | Voluntary | Other (Please specify) |
| **Current status:** (please tick all that apply): | Full time | Part time | Paid |
| Voluntary | Student | Other |
| **Type of Youth Work:** | Universal | Targeted |  Detached |
| Other - please specify here: |

|  |
| --- |
| **Please advise of any support or areas concerns that you may have about undertaking this qualification/training. This will help us to ensure that we can give you appropriate support if needed.** |
|  |

|  |
| --- |
| **Organisation / Project details….** |
| **Organisation / Project name:**  |  |
| **Location:** |  |
| **How many sessions a week are you working directly, alongside young people, aged 11 and above?** |  | **How many hours a week are you working directly, alongside young people, aged 11 and above?** |  |

|  |
| --- |
| **Please give an overview of your experience in youth work in either a voluntary or a paid role.**  |
|  |

|  |
| --- |
| **Using up to 350 words, please provide your responses to the question below:****Why do you want to work with young people?** |
|  |

|  |
| --- |
| **Using up to 350 words, please provide your responses to the question below:****What would you describe is the key purpose of youth work?** |
|  |

|  |
| --- |
| **Please tell us why you are applying for this training/qualification and what you would like to gain, i.e. new skills, increased knowledge, improved understanding?** |
|  |

**By signing this agreement, you are committing to attend sessions, and you agree, where appropriate to submit any assessments required. (For accredited courses t*his is to ensure you have the best possible learning experience and that assessments required to complete the course are submitted on time.)* If there are difficulties affecting your attendance on the course, or submitting assessments on time, then please discuss this as soon as possible with your tutor and supervisor directly.**

|  |  |
| --- | --- |
| Applicants Signature: |  |
| Print Name: |  |
| Date: |  |

**Please complete the data sheet on the next page before returning.**

**Demographic Data**

We would like to get an idea of who we have worked with. To do this we would like you to share some information with us. All the data you provide will be anonymized and aggregated for Base 51 Training Academy reporting purposes only. Your data will not be shared with any other third party.

Please circle one answer to the questions below:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Age:** | Under 18 | 19-25 | 26 - 35 | 36-45 | 46-55 | 56+ |

|  |
| --- |
| **Ethnic Background:** **Choose the number that best describes your ethnic group or background:** |
| 1. White - English/Welsh/Scottish/Northern  Irish/British2. White – Irish3. White - Gypsy or Irish Traveler4. White - Any other please describe:5. Mixed/Multiple ethnic groups - White and Black  Caribbean6. Mixed/Multiple ethnic groups - White and Black  African7. Mixed/Multiple ethnic groups - White and Asian8. Mixed/Multiple ethnic groups - Any other please  describe: | 9. Asian/Asian British – Indian10. Asian/Asian British – Pakistani11. Asian/Asian British – Bangladeshi12. Asian/Asian British – Chinese13. Asian/Asian British - Any other please describe:14. Black/ African/Caribbean/Black British – African15. Black/ African/Caribbean/Black British – Caribbean16. Black/ African/Caribbean/Black British - Any other  please describe:17. Other ethnic group – Arab18. Other ethnic group - please describe: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Gender** | Male | Female | Prefer to Self-Describe (Please specify) | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you consider yourself to have a disability?** | Yes | No | Prefer not to say |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you have any additional learning needs?** | Yes | No | Prefer not to say |
| **If Yes, please advise us of how we can best support you through your learning journey here.** | If yes… |