



Course Informati	on						
Course Applicat Closing D			Course	Title			
Applicant Details							
Title		Surname		First	Name(s)		
Address							
Council				Postco	de		
Telephone				Mob	ile		
Email address							
Date of Birth				Current A	age		
Work Status							
Oc	cupation						
Current Centro	e/Project						
1	Paid Post		Voluntary Post				
Paid Post Grade (tick) Assistant Youth Support Worker Youth Support Worker							
Youth Support Worker in Change							
Evening(s) & Times on Duty							
Any Special Assistance Required							
Previous Youth Work Experience							
Previous You	uth Work	Training					
Declaration							
	r a place	on the abo	ve course and, if acce	epted, will r	make every effort to complete.		
Date			Sig	ned			
NOTE: IT IS IMPORTANT THAT THE LEADER IN CHARGE OF YOUR PROJECT COMPLETE THE SECTION OVERLEAF. GIVE THEM THIS FORM TO COMPLETE AND DELIVER TO:							
Send Completed	d Form to	:					

TO BE COMPLETED BY THE LEAD Please give a short history of the				
Their length of service to your (unit Ye	ears Months		
Duties/Responsibilities				
Their background in training (Tic	k all releva	ant *Provide detail below)		
Child Protection Awareness	5	Moving Ahead with CRED		
Introduction to Youth Work	<	Youth Support Worker Qualification (or Equivalent)		
Unit Training	3	OCN Course*		
Workshop*	*	First Aid		
Food Hygiene	9	Principles & Practice*		
*Provide Detail of Workshops,	OCN's and	Principles & Practice	,	
I recommend this application for 1. 2. 3.		, knowledge and attitudes offered on this course? se for the following reason(s):		
What support/resources will be How can the local EA Youth Ser		ailable to the worker to develop proposed course skills ort staff?	?	
Any other specific Information	relevant to	o this worker		
Please note that it is a requiremed development during training and		s Centre/Project Leader to supervise their workers' erate with the course tutors.		
Centre/Project		Signed		