

# **Application Form**

#### For:

- Bild BTEC Level 4 Certificate in Positive Behaviour Support
- Bild BTEC Level 5 Diploma Practice Leadership in Positive Behaviour Support
- Conversion to Bild BTEC Diploma Practice Leadership in Positive Behaviour Support

### Which level of qualification are you applying for? (Please tick ONE only)

Level	Qualification	Entry Requirement
Level 4	BTEC Professional Certificate in Positive Behaviour Support	<ul> <li>Must have completed a basic <u>PBS awareness course</u></li> <li>Have basic English to GSCE standard</li> </ul>
Level 5	Professional Diploma Practice Leadership in Positive Behaviour Support	<ul> <li>Must have completed a basic <u>PBS awareness course</u></li> <li>Have basic English to Level 2 standard</li> </ul>
Conversion	BTEC Professional Diploma Level 5 Practice Leadership in Positive Behaviour Support	- Must have completed the Level 4 certificate



## Section A: Learner needs to complete and agree to ALL of Section A

### **Personal & Contact Information:**

Title:		
First Name:		
Middle Name(S):		
Wildule Waille(3).		
Last Name:		
Your Address		
Postcode:		
Mobile Number:		
Wiobile Nulliber.		
Email Address:		
Costion D. Dolo 9 Orga	nication	
Section B: Role & Orga	nisation	
What is your role?		
Tick the nearest equivalent		
☐ Family Carer	☐ Direct Support Staff	☐ Team Leader
☐ Trainer	☐ Other Professional: (Please specify)	

Do you work in:							
☐ Health Services	☐ Social Care Services	☐ Education Services					
☐ Forensic Services							
What type of organisation do you work for?							
☐ Private sector	☐ Public Sector	☐ Voluntary Sector					
☐ Not-For-Profit							
What size organisation do you work in?							
☐ 1 – 49 People	☐ 50 – 99 People	☐ 100 – 149 People					
☐ 150+ People							
<ul> <li>I confirm that I have completed a basic awareness programme.</li> <li>I confirm that I have basic English to level 2 standard.</li> <li>I understand that I am required to complete all learning, work based practice activities revision and assessment activities, attend the group and individual tutorials, together with all work-based practice within the designated timescale of my registration date as shown below.</li> <li>I understand that I will have to formally apply for an extension <u>BEFORE</u> my registration expires if I feel that I am not able to complete within the stated time, and agree that this process will be requested and agreed with both the Course Coordinator and my named Tutor.</li> <li>I understand that if I do not complete the qualification within the agreed time, my registration may be subject to withdrawal. I understand that if I wish to continue with the qualification, I may need to re-register and pay a further registration fee.</li> <li>I agree to my employer (if any) being given access to my progress through the course, online activity and assessment results.</li> </ul>							
Learner Signature							

Please return your application form to: <a href="mailto:qualifications@bild.org.uk">qualifications@bild.org.uk</a> . Please include your name in the title bar and which qualification you are applying for. Thank you!

Date