

Application Form

For:

- BILD BTEC Level 4 Certificate in Positive Behaviour Support

Level	Qualification	Entry Requirement
Level 4	BTEC Professional Certificate in Positive Behaviour Support	<ul style="list-style-type: none">- Must have completed a <u>basic PBS awareness course</u>- Have basic English to GCSE standard

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

Personal and contact information:

Title:

First name:

Middle name(s):

Last name:

Date of birth:

Your address:

Postcode:

Mobile number:

Email address:

Section B: Role and organisation

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 Other (please specify) _____

What type of organisation do you work for?

- Private sector Public sector Voluntary sector
- Not-for-profit Not applicable

What size organisation do you work in?

- 1 – 49 people 50 – 99 people 100 – 149 people
- 150+ people Not applicable

Section C: Learner confirmation

- I confirm that I have completed a basic awareness programme.
- I confirm that I have basic English to level 2 standard.
- 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.
- I understand that I will have to formally apply for an extension **BEFORE** 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.
- 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.
- I agree to my employer (if any) being given access to my progress through the course, online activity and assessment results.

Learner signature:**Date:**

Please return your application form to: qualifications@bild.org.uk . Please include your name in the title bar and which qualification you are applying for. Thank you!