

Application Form

For:

- BTEC certificate Level 4 in Reducing Restrictive Practices
- BTEC Diploma Level 5 in Practice Leadership in Reducing Restrictive Practices

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

	Level	Qualification	Entry Requirement
<input type="checkbox"/>	Level 4	BTEC certificate Level 4 in Reducing Restrictive Practices	Have basic English to GCSE standard
<input type="checkbox"/>	Level 5	BTEC Diploma Level 5 in Practice Leadership in Reducing Restrictive Practices	Have basic English to Level 2 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

- | | | |
|--|---|---|
| <input type="checkbox"/> Family carer | <input type="checkbox"/> Direct support/care staff | <input type="checkbox"/> Team leader |
| <input type="checkbox"/> Manager | <input type="checkbox"/> Trainer | <input type="checkbox"/> Restrictive practices reduction lead |
| <input type="checkbox"/> Person with lived experience of restrictive practices | <input type="checkbox"/> Other professional (please specify)..... | |

Do you work in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Health services | <input type="checkbox"/> Social Care services | <input type="checkbox"/> Education services |
| <input type="checkbox"/> Forensic services | | |

What type of organisation do you work for?

- | | | |
|---|--|---|
| <input type="checkbox"/> Private sector | <input type="checkbox"/> Public sector | <input type="checkbox"/> Voluntary sector |
| <input type="checkbox"/> Not-for-profit | | |

What size organisation do you work in?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 – 49 people | <input type="checkbox"/> 50 – 99 people | <input type="checkbox"/> 100 – 149 people |
| <input type="checkbox"/> 150+ people | | |

Section C: Learner confirmation

- 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!