

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	- English Language at Level 2
<input type="checkbox"/>	Level 5	BTEC Diploma Level 5 in Practice Leadership in Reducing Restrictive Practices	- English Language at Level 2

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 home
address:**

Postcode:

Mobile number:

Email address:

Section B: Role and organisation

To help us allocate you with the right tutor please give us some information about your **current** work. Please tick those that apply or fill in the 'other' box.

The setting I currently provide support in.

I am a **family carer**

I work in:

Social care

Supported living

Group residential care

Health

Inpatient service

Community health team

Secure service

Education

School

College

Other:

The main population I currently provide support to are adults/children with:

Mental health conditions

Dementia

Acquired brain injury

Forensic history

Autistic adults or children

Looked after children

Other:

The age range of people I work with:

Early years

Children up to 16

Young adults 16 to 25

Adults

Older people

Please note that it is a mandatory entry requirement that all applicants work face-to-face with those who use their services. Working alongside a 'focus person' and their supporting team is essential for successfully completing assignments in this practice-based qualification.

Section C: Learner confirmation

- I confirm that I have English Language at 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!