

# Trainers Registration Form

Please complete this form accurately, giving as many details as possible of your skills and experience relating to this job application.

Please ensure the finished form is printed out, signed, dated and returned to the address at the back of the registration form. We are unable to accept forms returned as email attachments without a signature.

Please either type directly in this form using Microsoft Words or print and complete the form in black and **BLOCK CAPITALS**

## SECTION 1 - POSITION APPLIED FOR:

Job Title:		Job Ref:	
Location:			
Where did you see this post advertised:			

## SECTION 2 - APPLICANT'S DETAILS:

Title:		Name:	
Surname:		DOB:	
Address:		NI Number:	
		Mobile No:	
		Work:	
Postcode:		Home:	
Email:			

Do you hold a valid driving license?	Y <input type="checkbox"/>	No <input type="checkbox"/>
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Is there anything concerning your medical history or state of health that is relevant to your application? <small>If yes, please complete Section 3 - Health Questionnaire</small>	Y <input type="checkbox"/>	No <input type="checkbox"/>
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Are you legally eligible for employment in the UK?	Y <input type="checkbox"/>	No <input type="checkbox"/>
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Please submit with this application a good quality copy of: <ul style="list-style-type: none"> <li>• Your Passport</li> <li>• Your Visa</li> <li>• Your National Insurance Number</li> </ul>
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How much notice do you need to give to your current employer?	
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Are you registered as disabled?	Y <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please provide details of your disability

### SECTION 3 - EMPLOYMENT RECORD

Please start with your most recent employment. Briefly describe the main duties and responsibility of your post. If you wish to expand on specific areas of responsibility, please use a blank sheet.

#### 3.1 Most Recent Employer

Name:		From:	
Address:		To:	
Job Title:		Salary:	
Reason for leaving / changing:			

Please give a brief description of your main duties

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#### 3.2 Previous Employers

Name & Address of Employer	From	To	Job Title / Salary	Reason for Leaving

## SECTION 4 – EDUCATION

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

[illegible]

## 4.1 TRAINING

Please list all Train the Trainer or any other instructor courses you have achieved.

[illegible]

## 4.2 Experience / Skills

Other relevant information and experience, including current duties. The information you provide in this section will be used in assessing your application.

## SECTION 5 – REFERENCES / CONVICTIONS

Please give name, address and position / occupation of two referees. One must be your present or most recent employer. Reference will only be taken up for the successful candidates. Testimonials or references from friends and relatives are NOT accepted.

### 5.1 Most Recent Employer

Name:

Tel:

Position:

Fax:

Organisation:

Email:

Address:

Post Code:

### 5.2 Professional

Name:

Tel:

Position:

Fax:

Organisation:

Email:

Address:

Postcode:

### 5.3 Criminal Convictions

Do you have any criminal convictions?

Yes

☐

No

☐

If Yes, please give details of any conviction, this should exclude any spent convictions under Section (42) of the Rehabilitation of Offenders Act 1974

## DECLARATION

(Section 1 to 5)

I confirm that all information given on this application form is accurate and correct to the best of my knowledge. I understand that if any information given is subsequently found to be untrue or incomplete then I may be subject to disciplinary action and/or could be dismissed from employment.

I hereby confirm that I know of no reason to either my physical or mental health, why I would be able to undertake duties as detailed in the job description for the above post applied for. I understand the information given herein will be treated confidentially and used solely for the purpose of considering your application for employment

Signature:

Date:

## SECTION 6 - HEALTH QUESTIONNAIRE:

Please answer the following questions regarding your mental and physical health

How many days' absence from work due to sickness have you had in the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever suffered from; allergies, eczema, dermatitis or other skin problem?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from; epilepsy, migraine, asthma, angina, heart trouble, or condition requiring long term medical support, or a strict medication timetable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you suffered from mental illness including anxiety, depression or nervous debility?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever required treatment for hernia or rupture, rheumatism, back problems, slipped disc, sciatica, or repetitive strain injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from diabetes, ulcers, stomach or other intestinal problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'YES' to any of the above health questions, please provide additional details about your condition

## DECLARATION

Section 6

I confirm that all the above information given on this form is accurate and correct to the best of my knowledge. I understand that if any information given is subsequently found to be untrue or incomplete then I may be subject to disciplinary action and/or could be dismissed from employment.

I hereby confirm that I know of no reason to either my physical or mental health, why I would be able to undertake duties as detailed in the job description for the above post applied for. I understand the information given herein will be treated confidentially and used solely for the purpose of considering your application for employment

Signature:

Date:

## SECTION 7 – Trainers Expertise

Please cross to the course(s) / subject(s) you are able to teach based on your current qualification(s), skills and knowledge.

<b>GRADE A / GROUP 1 – Essential Care Courses</b> Train the Trainer / Instructor Qualification or a relevant Level 3 Qualification Required			
Course Title	Duration	<input checked="" type="checkbox"/>	
01	Appraisal & Supervision	2.5 Hrs	Yes <input type="checkbox"/>
02	Break Away Techniques (Including Managing Challenging Behaviour)	5.0 Hrs	Yes <input type="checkbox"/>
03	Care Certificate – Skills for Care	28.0 Hrs	Yes <input type="checkbox"/>
04	Care Planning	2.5 Hrs	Yes <input type="checkbox"/>
05	Catheter Care	2.5 Hrs	Yes <input type="checkbox"/>
06	COSHH Awareness	2.5 Hrs	Yes <input type="checkbox"/>
07	Dementia Awareness	3.0 Hrs	Yes <input type="checkbox"/>
08	Deprivation of Liberty Safeguard	2.5 Hrs	Yes <input type="checkbox"/>
09	Dignity in Care	2.5 Hrs	Yes <input type="checkbox"/>
10	Equality & Diversity	2.5 Hrs	Yes <input type="checkbox"/>
11	Fall Prevention Awareness	2.5 Hrs	Yes <input type="checkbox"/>
12	Fire Marshall (Including Fire Extinguisher Demo)	3.0 Hrs	Yes <input type="checkbox"/>
13	Fire Safety Awareness (No Fire Extinguisher Demo)	3.0 Hrs	Yes <input type="checkbox"/>
14	Food Hygiene Awareness	2.5 Hrs	Yes <input type="checkbox"/>
15	Health & Safety Awareness	3.0 Hrs	Yes <input type="checkbox"/>
16	Infection Control & Prevention	2.5 Hrs	Yes <input type="checkbox"/>
17	Managing Challenging Behaviour	2.5 Hrs	Yes <input type="checkbox"/>
18	Mental Capacity Awareness	2.5 Hrs	Yes <input type="checkbox"/>
19	Mental Capacity Awareness (Including DOLs)	3.0 Hrs	Yes <input type="checkbox"/>
20	Mental Health Awareness	2.5 Hrs	Yes <input type="checkbox"/>
21	Moving and Handling of People & Loads	6.0 Hrs	Yes <input type="checkbox"/>
22	Pressure Area Awareness	2.5 Hrs	Yes <input type="checkbox"/>
23	Risk Assessment Awareness	2.5 Hrs	Yes <input type="checkbox"/>
24	Safe Handling of Medicines	3.0 Hrs	Yes <input type="checkbox"/>
25	Safe Handling of Medicines & BIODOSE	3.0 Hrs	Yes <input type="checkbox"/>
26	Safeguarding Vulnerable Adults	3.0 Hrs	Yes <input type="checkbox"/>
27	Stress Awareness & Management	3.0 Hrs	Yes <input type="checkbox"/>
Do you hold a valid Train the Trainer or any other instructor qualification to teach the subject(s) you have crossed in the list above? If yes, please submit a copy of your certificate as soon as possible.			Yes <input type="checkbox"/>

**GRADE B / GROUP 2 – Specialist / Nursing Courses**

Nursing Qualification or Equivalent Required

Course Title	Duration	<input checked="" type="checkbox"/>
01 Anaphylaxis Awareness (With EPIPEN Injector)	2.0 Hrs	Yes <input type="checkbox"/>
02 Buccal Midazolam Administration	3.0 Hrs	Yes <input type="checkbox"/>
03 Diabetes Awareness	2.5 Hrs	Yes <input type="checkbox"/>
04 Epilepsy & Buccal Midazolam Administration	3.0 Hrs	Yes <input type="checkbox"/>
05 Epilepsy Awareness	2.5 Hrs	Yes <input type="checkbox"/>
06 Male & Female Catheterisation	3.5 Hrs	Yes <input type="checkbox"/>
07 Nasogastric Tube Insertion	3.0 Hrs	Yes <input type="checkbox"/>
08 Nutrition & Hydration Awareness	2.5 Hrs	Yes <input type="checkbox"/>
09 Oral Hygiene Awareness	2.5 Hrs	Yes <input type="checkbox"/>
10 Percutaneous Endoscopy Gastrostomy Feeding	3.0 Hrs	Yes <input type="checkbox"/>
11 Pressure Area & Wound Care	3.0 Hrs	Yes <input type="checkbox"/>
12 Stoma Care	2.5 Hrs	Yes <input type="checkbox"/>
13 Syringe Driver	3.0 Hrs	Yes <input type="checkbox"/>
14 Venepuncture Therapy	3.0 Hrs	Yes <input type="checkbox"/>
Do you hold a nursing qualification or any other medical qualification to allow you to teach the subject(s) you have crossed in the list above? If yes, please submit a copy of your certificate as soon as possible.		Yes <input type="checkbox"/>

**GRADE C / GROUP 3 – First Aid Courses**

A valid Assessing Qualification &amp; First Aid (Level 3) Qualification Required

Course Title	Duration	<input checked="" type="checkbox"/>
01 Appointed Person in the Workplace	4.0 Hrs	Yes <input type="checkbox"/>
02 Basic Life Support	3.0 Hrs	Yes <input type="checkbox"/>
03 CPR / BLS & AED (Level 2)	3.0 Hrs	Yes <input type="checkbox"/>
04 CPR, BLS and AED for Healthcare Professionals	5.0 Hrs	Yes <input type="checkbox"/>
05 CPR, BLS for Healthcare Professionals Refresher	3.0 Hrs	Yes <input type="checkbox"/>
06 EFAW + F for Forestry	7.0 Hrs	Yes <input type="checkbox"/>
07 Emergency First Aid at Work (Level 2)	6.0 Hrs	Yes <input type="checkbox"/>
08 Emergency First Aid for Nannies and Au Pairs	6.0 Hrs	Yes <input type="checkbox"/>
09 Emergency Paediatric First Aid (Level 2)	6.0 Hrs	Yes <input type="checkbox"/>
10 Family First Aid	5.0 Hrs	Yes <input type="checkbox"/>
11 First Aid at Work (Level 3)	18.0 Hrs	Yes <input type="checkbox"/>
12 First Aid at Work Requalification (Level 3)	12.0 Hrs	Yes <input type="checkbox"/>
13 First Aid for Teachers	5.0 Hrs	Yes <input type="checkbox"/>
14 Junior First Aid	12.0 Hrs	Yes <input type="checkbox"/>

15	Paediatric First Aid (Level 3)	18.0 Hrs	Yes	<input type="checkbox"/>
16	ProAED	4.0 Hrs	Yes	<input type="checkbox"/>
17	Sports First Aid	7.0 Hrs	Yes	<input type="checkbox"/>
Do you hold a valid First Aid Level 3 Qualification and an assessing qualification? If yes, please submit a copy of your certificate as soon as possible.			Yes	<input type="checkbox"/>

GRADE D / GROUP 4 – Accredited Courses			
A valid Assessing Qualification & a Level 3 (or higher) Qualification in the above subject is required			
Course Title	Duration	<input checked="" type="checkbox"/>	
01 COSHH (Level 2)	3.0 Hrs	Yes	<input type="checkbox"/>
02 Fire Safety Awareness (Level 1)	3.0 Hrs	Yes	<input type="checkbox"/>
03 Fire Safety Principles (Level 2)	3.0 Hrs	Yes	<input type="checkbox"/>
04 Food Safety (Level 1)	3.0 Hrs	Yes	<input type="checkbox"/>
05 Food Safety (Level 2)	3.0 Hrs	Yes	<input type="checkbox"/>
06 Health and Safety (Level 1)	3.0 Hrs	Yes	<input type="checkbox"/>
07 Health and Safety (Level 2)	3.0 Hrs	Yes	<input type="checkbox"/>
08 Health and Safety (Level 3)	3.0 Hrs	Yes	<input type="checkbox"/>
09 Risk Assessment (Level 2)	3.0 Hrs	Yes	<input type="checkbox"/>
Do you hold a valid Level 3 Qualification in the subject you have crossed in the above list? If yes, please submit a copy of your certificate as soon as possible.			Yes <input type="checkbox"/>

GRADE E / GROUP 5 – Accredited Courses (Over 3 months)			
A valid Assessing Qualification & a Level 3 (or higher) Qualification in the above subject is required			
Course Title	Duration	<input checked="" type="checkbox"/>	
01 Award in Education and Training (Level 3)	18.0 Hrs	Yes	<input type="checkbox"/>
02 QCF Diploma in Health and Social Care (Level 2)	N/A	Yes	<input type="checkbox"/>
03 QCF Diploma in Health and Social Care (Level 3)	N/A	Yes	<input type="checkbox"/>
04 QCF Diploma in Leadership and Management (Level 5)	N/A	Yes	<input type="checkbox"/>
Do you hold a level 5 Qualification in the subject(s) you have crossed?			Yes <input type="checkbox"/>

GRADE F / GROUP 6 – Instructor Courses			
A valid Assessing Qualification such as (A1), Level 4 (or higher) Teaching Qualification and a Train the Trainer or Level 3 in the subject listed below is required			
Course Title	Duration	<input checked="" type="checkbox"/>	
01 First Aid Instructor Course (Including First Aid Level 3 & AET Level 3)	30.0 Hrs	Yes	<input type="checkbox"/>
02 Food Safety Instructor Course (Including Food Safety Level 3 & AET Level 3)	18.0 Hrs	Yes	<input type="checkbox"/>
03 Health and Safety Instructor Course (Including H&S Level 3 & AET Level 3)	18.0 Hrs	Yes	<input type="checkbox"/>
04 Moving and Handling Instructor Course	12.0 Hrs	Yes	<input type="checkbox"/>
Do you hold a valid Assessing Qualification such as A1, Level 4 (or higher) Teaching Qualification and a Train the Trainer or Level 3 in the above subject(s)?			Yes <input type="checkbox"/>

## DECLARATION

### Section 7

I confirm that all the above information given on this form is accurate and correct to the best of my knowledge. I understand that if any information given is subsequently found to be untrue or incomplete then I may be subject to disciplinary action and/or could be dismissed from employment. Advencare Training Ltd may also look to seek compensation and any loss suffered as a result of the above information been untrue or inaccurate.

**Signature:**

**Date:**

## SECTION 8 – INTELLECTUAL PROPERTY / COPYRIGHT NOTICE

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### DECLARATION

#### Section 8

I confirm that that I will abide with the above terms and confirm that all learning materials given to me during my employment or when taking Freelance assignments with Advencare Training Ltd will be permanently deleted on all my computer(s) upon termination of my contract / employment or assignment with Advencare Training Ltd.

I understand that using any part of any materials produced by Advencare Training Ltd after the termination of my contract or employment is not permitted and Advencare Training Ltd will seek to take legal action to recover any loss.

I also confirm that I will keep all the information / teaching materials given to me safely, securely and confidentially in accordance with the Data Protection Act 1998 and will not make and give copies of any of the materials given to me to a third party.

**Signature:**

**Date:**

## SECTION 9 – SUPPLIER BANK DETAILS

Employee / Supplier's Company Name:

Address:

Postcode:

Tel. No.

Email Address:

(Bacs Remittances will be emailed where possible)

### Bank Details:

Name of employee / supplier's bank:

Address:

Postcode:

Name of employee / supplier's bank account:

(for e.g. Mr Smith or ABCD Ltd)

Account Number:

Sort Code:

### Registration Details:

(For company and Self Employed only)

Company Registration Number:

VAT Registration Number

Brief description of good / services purchased:

### Form completed by:

Name:

Position:

Signature:

Date: