



Tel: 0131 322 8490
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‘Relative Matters’: Good Practice in Permanence Planning in Kinship Care

JUNE 2019 – DECEMBER 2019

APPLICATION FORM

Please note that candidates are required to have a minimum of two years post qualifying experience and be able to study at a master’s level

PERSONAL DETAILS

Name: _____ Surname: _____

Date of Birth: _____

Nationality: _____

Home Address: _____

Email: _____

Home Tel: _____

Mobile: _____

WORK DETAILS

Position: _____

Organisation: _____

Work Address: _____

Email: _____

Tel: _____

WORK EXPERIENCE

(current/most recent employment first)

Organisation: _____

Work Address: _____

Job title: _____

Dates (to and from): _____

Organisation: _____

Work Address: _____

Job title: _____

Dates (to and from): _____

EDUCATION AND PROFESSIONAL QUALIFICATIONS (*Including post qualifying courses*)

Date	Qualification
_____	_____
_____	_____
_____	_____

DISABILITIES AND ANY SUPPORT NEEDS

- Dyslexia
- Deaf/hearing impairment
- Autistic Spectrum Disorder/Asperger Syndrome
- Multiple Difficulties
- Blind/partially sighted
- Wheelchair user/mobility difficulty
- Mental health difficulty
- Personal Care Support
- Any other

Please specify the specific nature of support that you would require in order to complete this course

ENGLISH LANGUAGE

Please advise if English is your first language Yes No

If no, please give details of language qualifications (awarding organisation, course title results and date of completion)

FINANCIAL SUPPORT

Please specify who will pay your course fees

- Self
- Employer
- Other – please specify

Name and Address for Invoice: _____

Confirmation of payment

Name: _____
 Title: _____
 Date: _____

I, Line Manager of _____ (student) am committed to providing support to ensure:

- Adequate time is made available for completion of the course
- Allocate appropriate workload for student to meet requirements of the course
- Provision of adequate supervision for student to meet requirements of the course
- Observation of student’s practice and submit a report as required
- Read all module assignments provided by the student and verify course related material.

Signed: _____
 Date: _____

Please return completed form to:

Brenda Reilly, Business Support & Finance Manager, AFA Scotland, Foxglove Offices/Gf2, 14 Links Place, Edinburgh EH6 7EZ. Brenda.reilly@afascotland.com