

Sept/16/Ver2

APPLICATION & REGISTRATION TO UNDERTAKE SVQ AWARD

**Personal Details:**

Name: ……………………………………………………………………..

(as you wish it to appear on your certificate)

Scottish Candidate No (if known) …………………………………………….

Address: …………………………………………………………………….…..……

…………………………………………………………………………...…

…………………………………………………………………………...…

Phone (Home): ………………………………………………...

Phone (Work): ………………………………………………....

Mobile: ………………………………………………………….

Email: …………………………………………………………..

(This will be used for all correspondence including ePortfolio if selected).

Date of Birth: …………………………………………………..

Male  Female

Do you have a disability?

Yes  No  Prefer not to say

Are you a British Citizen Yes  No

*If NO please attach evidence of this person’s right to legally work in the UK ie copy of photocopy of back page of passport/visa*

**Award Application:**

Award Title and Level Applied for:

……………………………………………………………………

Do you wish to use a Paper Portfolio or ePortfolio:

Paper  ePortfolio

Is this qualification a requirement for registration with SSSC?

Yes  No

If Yes have you ensured you are applying for the appropriate award and level?

Yes  No

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment Details:** | | |  | |  | |  | |
| Name of your Employer | | |  | | | | | |
| Workplace address | | |  | | | | | |
|  |  |  |  | | | | | |
|  |  |  |  | | | | | |
| Telephone No: | | |  | | | | | |
| Are you in full time or part time employment | | | Full |  | | Part-time | |  |

**Line Managers Contact Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | |  |
| Telephone No: | | |  |
| Email: |  |  |  |
|  |  |  |  |

**Person to whom Progress Reports should be sent:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | |  |
| Telephone No: | | |  |
| Email: |  |  |  |
|  |  |  |  |

**Person to whom Invoice should be sent:**

Name: ---------------------------------------------------------------------------

Address: ---------------------------------------------------------------------------

Email Address: ---------------------------------------------------------------------------

**Nature of Business and Service Group:**

**(**eg Residential Care, Learning Disability, Mental Health, Elderly, Domiciliary Care, Physical Disability etc)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

**Your Role & Responsibilities:**

Your Job Title and description of main responsibilities and duties: (please give as much detail as possible – this helps us to ensure you are able to produce relevant evidence)

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**Relevant experience and qualifications attained:**

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|  |  |
| --- | --- |
| **Declaration:**  I confirm that the above details are correct to the best of my knowledge. | |
| Signed |  |
| Date |  |
| Signature of Line Manager |  |
| Date |  |
| Signature ARC Scotland Representative |  |
| Date |  |

*ARC Scotland has a responsibility under the Data Protection Act 1998 to protect the information we hold about you. However, we are required to share some of this with the Scottish Qualifications Authority in order to register you and apply for certification*

Please return this form to:

ARC Scotland, Unit 12, Hardengreen Business Centre, Eskbank, Dalkeith, Midlothian EH22 3NX