

Personal Details:

APPLICATION & REGISTRATION TO UNDERTAKE SVQ AWARD

Name:
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
Do you have a disability?
Yes
Are you a British Citizen Yes
Award Application:
Award Title and Level Applied for:
Do you wish to use a Paper Portfolio or ePortfolio:
Paper

Is this qualification a requirement for registration with SSSC?		
Yes No		
If Yes have you ensured y	ou 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:		
	main responsibilities and duties: (please give as ps us to ensure you are able to produce relevant	
Relevant experience and qualif	ications attained:	
Declaration:		
I confirm that the above details a	re correct to the best of my knowledge.	
Signed		
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