

## EARLY YEARS AND CHILDCARE TRAINING COURSE APPLICATION FORM 2011/2012

Please complete this form **IN FULL** and return to Workforce Development Team, Box No CC1012, Castle Court, Castle Hill, Cambridge, CB3 0AP or fax to 01223 699703.

You can also download a booking form at [www.cambridgeshire.gov.uk/childcare](http://www.cambridgeshire.gov.uk/childcare) and email it to [eyctraining@cambridgeshire.gov.uk](mailto:eyctraining@cambridgeshire.gov.uk).

**Personal Details – Please use block capitals. Fields marked \* are required.**

|                |  |            |  |
|----------------|--|------------|--|
| *First Name    |  | *Surname   |  |
| *Home Address  |  |            |  |
|                |  | *Post Code |  |
| *Home Tel      |  | Mobile Tel |  |
| *Email Address |  |            |  |

### Setting Details

|                         |  |              |  |
|-------------------------|--|--------------|--|
| *Setting Name           |  |              |  |
| *Setting Address        |  |              |  |
| *Post Code              |  | *Setting Tel |  |
| *Setting Email Address. |  |              |  |

### Application Periods – Applications can only be processed during the following periods

Courses in the **Autumn Term** (starts 1 Sept 2011) bookings can be taken now

Courses in the **Spring Term** (starts 4 January 2012) cannot be accepted before 1 November 2011

**Courses -** Please note your 2nd choice venue/date must be in the same term as your 1st choice

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

|                  |  |                  |  |
|------------------|--|------------------|--|
| Course Title     |  |                  |  |
| 1st choice date  |  | 2nd choice date  |  |
| 1st choice venue |  | 2nd choice venue |  |

### Personal Information

|   |                               |                                 |                      |
|---|-------------------------------|---------------------------------|----------------------|
| Gender <i>(please tick)</i>                                     | Male <input type="checkbox"/> | Female <input type="checkbox"/> |                      |
| Date of Birth   |                               | Ethnic Group                    |                      |
| Do you have a disability or additional need?                    | Yes <input type="checkbox"/>  | No <input type="checkbox"/>     | <i>(please tick)</i> |
| If yes please give details of support needed to access courses: |                               |                                 |                      |
|   |                               |                                 |                      |

### Employment Details

|                                     |   |                                |  |
|-------------------------------------|---|--------------------------------|--|
| Job Title                           |   |                                |  |
| Date started at setting             |   |                                |  |
| Designated Personnel Roles          | Child Protection <input type="checkbox"/> | CAF <input type="checkbox"/>   |  |
| <i>please tick those applicable</i> | Equalities <input type="checkbox"/>       | SENCo <input type="checkbox"/> |  |

### Course Cost

The cost for each course can be found on the bottom of the relevant page in the programme

I enclose a cheque for the sum of £

*(please make cheques payable to Cambridgeshire County Council)*

Please invoice to the setting address. If invoice should go to another address, please state here

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