**Application Form**

**AS GC Train-the-Trainer Programme**

## Applicant Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name and Surname** |  | | | |
| **Age** |  | | | |
| **Address** |  | | | |
| **Contact number** |  | | | |
| **Email Address** |  | | | |
| **Languages spoken** |  | | | |
| **Driver’s License** | YES | | NO | |
| **Access to transport/Own Transport** | YES | | NO | |
| **Dietary Requirements (Indicate with an X)** | None |  | Vegetarian |  |
| Halaal |  | Kosher |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Currently employed in the afterschool/ education Sector?**   **If YES, go to question 2**  **If NO, go to question 5** | YES | | NO |
| 1. **Name of current organisation, address and org. contact information** |  | | |
| 1. **Experience working in the afterschool/ education sector? (Years)** |  | | |
| 1. **Role in current organisation (tick)** | Programme Manager | |  |
| Trainer | |  |
| Other (please specify) | |  |
| 1. **Describe your current occupation/employment?**   **E.g.**   * **Freelance Consultant** * **Consulting Company** * **Training company** * **Other** |  | | |
| 1. **Are you able to commit to running 4 x 4-day (16 days) intensive practitioner training programmes in the next year?** | YES | NO | |

## Application Questions

Please respond to the two questions below:

## 1.     What experience do you have as a trainer?

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| --- |
| (Please be specific) – Indicate training presented and dates, target audience, group size, content covered |

## 2.     Why are you interested in the AS GC Train-the-Trainer programme?

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## Disclaimer

* All applications must be submitted with a 2-page CV.
* Incomplete applications will not be considered.
* Only shortlisted candidates will be contacted for an interview.
* Where applicable, organisational endorsement is required.
* Applications submitted after the deadline will not be considered.
* The decision of the selection committee is final.

## Applicant Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature of Applicant: ……………………………….. Date: …………………………………………...

**Organisational Endorsement of application**:

I herewith endorse this application and if successful, will support the applicant’s attendance for the full duration of the programme.

Name and Surname: …………………………………… Role: ……………………………………………

Signature: ………………………………………… Date: …………………………………………..