**Application Form**

**The After School Basics Training Programme**

## Applicant Information

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| --- | --- |
| **Name and Surname** |  |
| **Age** |  |
| **Address** |  |
| **Contact number** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| **Name of Organisation** |  | |
| **Address and Contact information** |  | |
| **Role in organisation (tick)** | **Volunteer** |  |
| **Coach** |  |
| **Practitioner** |  |
| **Other (please specify) :** |  |
| **How long have you been with the organisation?** |  | |
| **How long have you worked in the sector?** |  | |
| **Where do you run After school Programmes?**  **Please be specific:**  **Geographic areas and or schools** |  | |
| **How frequent are programmes?** | **Daily** |  |
| **Two time per week** |  |
| **Weekly** |  |
| **Monthly** |  |
| **Once a month** |  |
| **Other** |  |
| **What programmes are offered?**  **Please tick box(es)** | **Arts and Culture** |  |
| **Academic or eLearning** |  |
| **Sport and Recreation** |  |
| **Life Skills** |  |
| **What are the ages of the learners you work with?** |  | |
| **On average how many learners participate in your programme?** |  | |

## Application Questions

Please respond to the three questions below:

## 1.     Why are you applying to be a part of this programme?

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## 2.     What do you hope to gain from such a programme

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## 3.     How will you use the knowledge and skills to enhance your work?

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## Disclaimer

* This is a pilot programme and has no cost associated. Future offerings may have a minimum cost associated.
* Transport is not provided.
* Applications without organisational endorsement will not be considered.
* Applications submitted after the deadline will not be considered.
* The decision of the selection committee is final.

## Applicant Signature and Organisational endorsement

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: …………………………………………..