PDA in Youth Work Application Form LAYC/CEC 2024-25 CourseA blue and black logo

Description automatically generated

Your Contact Details: Please enter the details of where you wish us to contact you. This may be your work address or your home address. Please ensure that you give us a mobile number, as we may have to contact you at evenings or weekends. **Application forms must be completed and signed (electronic is acceptable) by the applicant.**

PROVIDING A PERSONAL EMAIL ADDRESS IS AN ADVANTAGE AS COURSE RELATED MATERIAL MAY BE SENT TO YOU BETWEEN SESSIONS. THIS EMAIL ADDRESS WILL ONLY BE USED FOR PDA RELATED EMAILS.

**About you:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** | | **D.O.B:** | SQA Candidate No:(if known) |
| **Address:** | | | |
| **Tel:** | **Mobile:** | | |
| **Email:** | | | |
| **Job role/ title:** | | | |
| **Designation:** (please delete as appropriate)  **Full time worker / Part time worker / Sessional / Volunteer** | | | |

**About your organisation:**

|  |  |
| --- | --- |
| **Group/Organisation Name:** | |
| **Address:** | |
| **Tel:** | Membership No. (if applicable):350/ \_ \_ \_ \_ \_ |
| Is this group/organisation where you will undertake your youth work observed practice? YES / NO (please delete as appropriate) | |
| Line manager or person in charge of group where you work/volunteerName:Organisation:Email address:Tel: | |

|  |
| --- |
| **Special requirements: If you have any specific dietary, learning support, access or other requirements please describe them here.** |

**Personal Statement:**

|  |
| --- |
| **Please describe your previous and current experience of youth work and what you hope to get out of undertaking this PDA in Youth Work course.** This will be used as part of selection, so give as much information as possible: (Up to 300 words)   * You should include the age-range of young people you have worked with, * the kind of settings you have worked in, * how long you have been working/volunteering and * what your roles have involved. |

**Education:**

|  |
| --- |
| **Please provide some information about your previous experience of education, including any qualifications you may have undertaken at school/college/work/volunteering.**  **In addition, provide state of how you meet the minimum criteria to access this course:**   * All applicants/participants must be 18 + (\*Young leaders aged 16+ – 18 who you are suitably experienced may also be considered) * Have 1 year experience of regularly working/volunteering in a youth work setting. * Have completed the Youth Scotland Ready for Youth Work 2-day course (in person or online 5 sessions) or equivalent covering core competencies as per the National Youth Work Induction Checklist. * Have completed a Child Protection Awareness course in the past 2 years. * Currently work or volunteer in a youth work setting. * Have written permission from their workplace or the youth group where they volunteer, confirming they can be observed delivering youth work as part of the PDA course. * Are you able to attend **all** the outlined training sessions and undertake **all** the required assessments. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Application Checklist**  I understand that if I am accepted on this PDA in Youth Work course, I will be required to:   * Register with SQA (Youth Scotland will do this for you as part of the course registration) * Attend **all** the course session at LAYC listed below:  |  |  |  |  | | --- | --- | --- | --- | |  | Time | **Unit** | Assessment Due Dates | | **Tuesday, 5 November** | 10-4.30PM | **Unit 1** |  | | **Tuesday, 12 November** |  |  |  | |  |  |  | 6 December | | **Tuesday, 21 January** | 10-4.30PM | **Unit 2** |  | | **Tuesday, 28 January** |  |  |  | |  |  |  | 21 February | | **Wednesday, 12 March** | 10-4.30PM | **Unit 3** |  | |  |  |  |  | | **Wednesday, 30 April** |  |  |  | |  |  |  | 23 May |   A detailed programme for each of the sessions will be given to candidates at the start of each unit.   * I have the permission of my workplace/ place where I volunteer to deliver a youth work session to young people and be observed doing for Unit 3**.**   **Signed (Candidate):**  **Date:** |

|  |
| --- |
| **For Line Manager or Volunteer Supervisor:**  **I support the candidate’s application. I agree to support them on the PDA programme, including arrangements to carry out the required Observed Practice session and act as their mentor as required.**  **Signed (Line Manager or Volunteer Supervisor):**  **Date:** |

For further information about the PDA in Youth Work course contact:

Emma (she/her) LAYC Development Worker email or call 0131 667 1828 (office)

#### Completed applications should be emailed by:

#### Friday 4 October 2024 to: [Emma@layc.org.uk](mailto:Emma@layc.org.uk)

Successful applicants will be advised by 11 October 2024. A formal acceptance form will be sent out to those offered places which must be completed and returned asap.