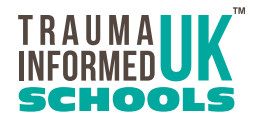


Application form: Certificate in Therapeutic Skills and Trauma Informed Care (Community Based Workers)



Surname:

First Name:

Address:

Phone Number:

Email:

Date of Birth:

Included in your delegate pack will be a set of Dr Margot Sunderlands cards.

Please tick which cards you would like:

Helping teenagers talk about their lives

or Helping children talk about their lives

Please give details:

What is the name of your organisation?

What is the community focus/area of work of your organisation?

What is your role within the organisation? Please give a brief description of your role and responsibilities

How long have you held this position?

How many years have you been involved in this area of work?

Have you had any previous training with a focus on trauma and mental health informed practice / trauma recovery / social, emotional and mental health? If yes, please give brief details

What is the range of emotional, social and mental health difficulties you meet in your day-to-day working practice?

Please select the age range of those you support:

0-5 Primary Secondary FE 18-25 Over 25

Please briefly state your reason for wishing to attend this course and what you are hoping to gain as a result of the training

Have you experienced traumatic/painful life experiences for example (but not exclusively) experiencing or witnessing extreme violence or abuse?

Yes No

If YES please provide a brief statement describing your experiences:

Have you had any therapeutic support?

Do you have access to supervision/reflective supervision in your setting?

Is your employer funding your place? Yes No Part funded

If Yes please state the invoicing details

If part funded please provide details

Name:

Address:

Email:

How did you hear about the course at Trauma Informed Schools UK?

Ethnic Origin

The Institute is committed to providing equal opportunities for all. To assist us with our confidential monitoring please choose one selection from A-E to indicate your ethnic group and tick the appropriate box to indicate your cultural background

A. White British Irish Any other White background (please specify below):

B. Mixed White and Black Caribbean White and Black African
Any other Mixed background (please specify below):

C. Asian or Asian British Indian Pakistani Bangladeshi
Any other Asian background (please specify below):

D. Black or Black British Caribbean African Any other Black background (please specify below):

E. Chinese or other ethnic group Chinese Any other (please specify below):

Country of Birth:

Country that you normally live in:

Nationality/dual nationality (as per your passport):

Disability / Additional Educational Needs (Please tick the appropriate box)

We encourage you to disclose any disability or medical condition which may affect your future studies. All offers are made on academic grounds and the information given here will be used to help provide services which meet your needs.

- | | |
|--|--------------------------------|
| 0. No Disability | 5. Personal Care Support |
| 1. Dyslexia | 6. Mental Health Difficulties |
| 2. Blind / Partially Sighted | 7. Unseen Disability |
| 3. Deaf / Hearing Impairment | 8. Multiple Disabilities |
| 4. Wheelchair User / Mobility Difficulties | 9. Other Disability not listed |
| | 10. Autistic Spectrum |

If disabled, please provide brief details: