

**APPLICATION FORM
TRAINING FOR FOSTER CARERS 2008/2009
DEVON COUNTY COUNCIL
CHILDREN & YOUNG PEOPLE'S SERVICES**

(Please use block capitals)

Name:.....Address:.....

.....Postcode:.....

Tel. No: E-mail:

Fostering Supervising Social Worker:

I wish to apply for the following courses:

| COURSE | | DATE | VENUE |
|---------------------------|--|------|-------|
| CORE TRAINING | | | |
| 1 | A Pro-Active Approach to Conflict | | |
| 2 | Assessment and Care Planning | | |
| 3 | Attachment and the Impact on Child Development | | |
| 4 | Equality and Diversity | | |
| 5 | First Aid | | |
| 6 | Health Matters | | |
| 7 | Making Placements Work/Living with Other People's Children & Young People | | |
| 8 | Safeguarding, Level 3 | | |
| 9 | Supporting Educational Potential | | |
| 10 | Understanding the Mental Health and Emotional Needs of Children & Young People | | |
| SPECIALIST COURSES | | | |
| 1 | Depression and Anxiety in Children and Young People | | |
| 2 | Fostering Changes: How to Improve Relationships and Manage Difficult Behaviour | | |
| 3 | Narrative Therapy | | |
| 4 | Parent and Child Placements | | |
| 5 | Preparing for Independence | | |
| 6 | Safeguarding, Level 4 – Emotional Abuse and Neglect | | |
| 7 | Safeguarding, Level 4 – Sexual Abuse | | |
| 8 | Sexual Health and Relationships | | |
| 9 | Substance Use and Young People | | |
| 10 | Tackling Domestic Violence and Abuse, Level 1 | | |
| 11 | Understanding Trauma and Building Resilience | | |

REFRESHMENTS

Please indicate any dietary needs you may have:

SPECIAL REQUIREMENTS

If you have any special needs in relation to access to buildings, please indicate these below:

If you have any special needs in relation to sight/hearing/use of written materials, please indicate these below:

NOTES FOR APPLICANTS

- ❖ Places on courses will be allocated on receipt of your application form and you will be sent a letter of confirmation. Two weeks before each course begins detailed information will be sent to course participants to include the address of the venue, a map, a list of participants and the start and finish times of the course. If there are insufficient places to meet demand you will be advised that your name has been placed on a waiting list.
- ❖ Please note that in relation to courses which last for more than one day, you will need to be able to attend all sessions.
- ❖ If you are interested in attending a course but dates have not been published, please tick the relevant course box on the reverse of this form and the training clerk will contact you to arrange a suitable date and venue.
- ❖ If you have any queries about your application or about any of the training please contact the training clerk on the number below.

Thank you for your application. We hope that you enjoy your training. Please sign and date your application and return it to the address below.

SIGNATURE OF APPLICANT

DATE

| | | |
|---------------------|---|--|
| For Office Use Only | Confirmation letter sent on date: | |
|---------------------|---|--|

PLEASE RETURN THIS COMPLETED APPLICATION FORM TO:

Fostering Training Clerk, Children and Young People’s Services, Parkers Barn, Parkers Way, Totnes, TQ9 5UF. Tel: 01392 386062