**APPLICATION TO UNDERTAKE SVQ AWARD**

NAME: ……………………………………………………………………………………….………..

ADDRESS: …………………………………………………………………………………….……..

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PHONE (HOME)…………………………… PHONE (WORK)……………………….……

MOBILE……………………………………… EMAIL: ………………………………………….

DATE OF BIRTH: …………………………

AWARD TITLE AND LEVEL APPLIED FOR:

………………………………………………………………………………………………………………

IS THIS QUALIFICATION A REQUIREMENT FOR REGISTRATION WITH SSSC? YES / NO

IF YES, HAVE YOU ENSURED YOU ARE APPLYING FOR THE APPROPRIATE AWARD

AND LEVEL? …………………………………………

EMPLOYERS NAME AND ADDRESS………………………………………………………

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LINE MANAGER’S NAME AND CONTACT DETAILS

…………………………………………………………………………………………………..….….

PHONE………………………… EMAIL……………………..…………………………….….

PERSON TO WHOM PROGRESS REPORTS ARE TO BE SENT

…………………………………………………………………………………………………….….

PHONE……………………………………… EMAIL…………………………………………

NATURE OF BUSINESS AND SERVICE USER GROUP:

(E.G. RESIDENTIAL CARE, LEARNING DISABILITY, MENTAL HEALTH, ELDERLY, DOMICILLIARY CARE, PHYSICAL DISABILITY ETC.

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YOUR JOB TITLE AND DESCRIPTION OF MAIN RESPONSIBILITIES AND DUTIES: (please give as much detail as possible – this helps us to ensure you are able to produce relevant evidence)

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RELEVANT EXPERIENCE AND QUALIFICATIONS HELD:

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SIGNED: …………………………………………………………

DATE: ……………………………………………………………