A logo with a pink flower and blue leaves

Description automatically generatedA logo with blue text and tree

Description automatically generatedA logo for a social care academy

Description automatically generated 

**Application form - Level 2 Surrey Accredited Care Certificate**

**For Autumn Cohort**

Our 4th Cohort of the Level 2 Surrey Accredited Care Certificate course is running on the following dates and location. **Deadline for applications Friday 30th August.**

|  |
| --- |
| **Fairmount House, Leatherhead.** 9.30am- 4.30pm  Week 1: Wed 11th September  Week 2: Wed 18th September  Week 3: Wed 25th September  Week 4: Wed 2nd October  **Then one week off**  Week 5: Wed 16th October  Week 6. Wed 23rd October  Week 7: Wed 30th October |

Please complete the employer/supervisor section of this application form and then forward this application form to any employees that you would like to be considered for a place on this course. This will help us to make sure that the course is right for them and that any support needs are identified early. Your employee/s will then be invited for an informal chat (via teams) to meet the academy staff to ask any questions and find out more about the course. The final section of this form is a free writing task for your employee to **hand write**. **Places are very limited, the deadline for applications is Friday August 30th . Students who were not offered a place on the previous course will not need to reapply, we will contact them to offer them a chance to reapply directly.**

Return completed forms to: [adults.academy@surreycc.gov.uk](mailto:adults.academy@surreycc.gov.uk) with the subject heading Care Certificate Application.

|  |  |
| --- | --- |
| Part A- For Employer/Supervisor to complete | |
| Name of employer or supervisor |  |
| Email and phone number of employer/supervisor |  |
| Name of work-place assessor |  |
| Name of employee/s you are recommending for a place |  |
| Name of organisation |  |
| Type of Surrey Heartlands Health and Social Care service  (indicate all that apply) | Health Care  Social Care  LD & Autism  Nursing Home  Primary Healthcare  Domiciliary  Other (please specify) |
| **Employer/Supervisor Agreement:**  I understand that my employee will need to be released from work duties to attend all 6 classroom sessions and complete a portfolio of written and practical evidence. I can provide a work-place assessor to assess the practical standards in the workplace and record these in the student’s portfolio. | |
| Signature of Employer/Supervisor |  |
| Date: |  |
| Part B- For Applicant (Student/employee) to complete | |
| Applicant’s Name |  |
| Applicant’s email **and** contact number |  |
| Do you already have Maths GCSE grade C/4 and above or equivalent? | Yes  No  Don’t know |
| Do you already have English GCSE grade C/4 and above or equivalent? | Yes  No  Don’t know |
| What is your first language? | English |
| How would you grade your digital skills? | Beginner  Intermediate  Good |
| How long have you been working in health and social care? | Less than 6 months  6months- 1 year  1-3 years  more than 3 years |
| Will you be able to attend all 6 sessions of classroom-based training | Yes  No |
| Can you commit to approximately 20-30 hours (3-5 hours per week) to complete the written assessments? | Yes  No |
| Do you require any additional learning support (e.g. for dyslexia) or access arrangements:  (Please give brief details or tell us about them at interview if preferred) | Yes  No |
| Do you have access to a laptop and good internet service | Yes  No |
| Will you be able to complete any mandatory training provided by your employer in the following subjects either before, or during the Care Certificate course? | Health and safety Yes  No  GDPR Yes  No  Fire Safety Yes  No  Safeguarding Yes  No  Manual Handling Yes  No  Basic Practical Life Support Training (to meet UK Resuscitation Council Guidelines)  Yes  No |
| Do you have any concerns or questions about this course?  Please give brief details here or speak to us at interview if preferred. | Yes  No |
| **Free Writing task: (please handwrite this section)** Please tell us, using approximately 450-600 words, why you have chosen a career in health or social care and what you hope to get from the course. include details about any relevant skills, values and previous experiences you have.  ------------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------  ----------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------  -----------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  ------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  ------------------------------------------------------------------------------------------------------------  ------------------------------------------------------------------------------------------------------------  ------------------------------------------------------------------------------------------------------------  ------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  -------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  --------------------------------------------------------------------------------------------------------------  please attach more pages if needed | |
| Date: | Signature: |

Return completed forms to: [adults.academy@surreycc.gov.uk](mailto:adults.academy@surreycc.gov.uk) with the subject heading Care Certificate Application.