



A Living-Learning Experience: A 3-day Residential Workshop Application Form

Please return your completed application form via email to abrown@mulberrybush.org.uk or for more information call 01865 594700

Workshop option: March September

Please complete the form as fully as possible



Personal Details

Title: First name(s):

Last Name:

Previous name if changed:

Date of birth: Gender:

Nationality:

Email:

Website:

Full address:

Postcode: Country:

Phone number:

Employment Details

What organisation do you work for or with?

Current employer's name and address:

Job title:

What type of service is it?

Please tick all that apply

- Residential
- Non-residential
- Therapeutic Community
- Therapeutic Environment
- Clinic
- Day Centre
- Prison
- Hospital
- Children's Home
- Residential Care Home
- Advice Centre
- Functional Network
- Other *(please describe)*

What is the client group?

Please tick all that apply

- Children
- Adults
- Elderly Adults
- Mental Illness
- Personality Disorder
- Learning Difficulties
- Behaviour Difficulties
- Emotional Difficulties
- Offenders
- Vulnerable
- Other *(please describe)*

What sort of organisation is it in?

Please tick all that apply

- Independent Company
- Social Enterprise (CIC)
- Charitable Foundation
- NHS Primary Care
- NHS Trust
- NHS Foundation Trust
- NHS Other
- Offender Management
- Social Services
- Other *(please describe)*

Professional Memberships
(Please provide details):

Any relevant
Skills/
Qualifications:

Reflective Personal Statement

In no more than 500 words please provide a brief reflective statement outlining what attracts you to this course; why you are hoping to undertake this course and how undertaking this course will impact your practice. Please feel free to provide any additional information you feel supports your application.

If you have any physical or learning disability, medical condition or special need, please provide details:

Are you registered as a Disabled Student?

Yes: No:

Disability Discrimination Act – Under this Act people with disabilities are protected from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse effect on their ability to undertake normal day to day activities.

Please inform us of any medical or dietary requirements that we need to be aware of for the duration of the course (this information will only be used in the case of an emergency and will enable us to pass this information onto appropriate medical services if required):

Dietary Requirements:

Allergies:

Any medical requirements we should be aware of in relation to the above (i.e. EpiPen):

Accommodation:
Please note the bedrooms are not en suite

I do not mind sharing a room

I will only share a room with someone who is coming with me

I do not want to share a room at all

Language Skills

Language:

Level:

If English is NOT your first language, it is recommended that you complete an English Language test (www.takeielts.britishcouncil.org/prepare-test/free-practice-tests). The minimum score for IELTS is 6.5 and 600 for TOEFL (www.ielts.org / www.ets.org/toefl).

Tuition Fees

Who is funding the course?

Yourself

Your Employer – Full

Your Employer – Part

Other – please specify:

Course fee is **£525** to be paid in full before the start of the course for place to be confirmed

Details to be used on invoice

Please ensure that these details are accurate

Name / Organisation:

Please supply a purchase order number*:

Address:

*A purchase order is required before a place can be secured

Important

- Places will be reserved on receipt of this completed form
- Invoices will be issued on receipt of this application form
- Places will be confirmed on receipt of full payment
- Attendance certificates for delegates will be issued on the last day of the workshop
- Cancellation more than one month before commencement of the workshop – 80% refund
- Cancellation less than one month before commencement of the workshop – 50% refund
- Cancellation less than one week before commencement of the workshop – no refund

Reference

Please provide detail of someone from your workplace who can provide a reference about your suitability for this course.

Title: Name:

Telephone: Email:

I understand that the information provided by me on this form will be stored either on paper records or a computer system in accordance with the General Data Protection Regulations 2018 and will be processed solely in connection with recruitment onto the training programme.

Yes

If you would like us to retain your details for future communications about courses run by The Mulberry Bush Outreach, please tick the box below. Your details will be used solely for this purpose and will not be passed to any third party.

Yes

I confirm that all the above information is correct. I understand that if I have withheld or mis-stated any information, it may result in the rejection of my application.

Signed:

Date:

The course now takes place in a new, rural location therefore planning travelling arrangements is essential