**A close up of a logo

Description generated with very high confidenceLearner Registration Form**

**1. Personal Information**

*We ask for this information so our records are accurate and we can contact you. We also need this information to register you with City & Guilds. The information you supply will be used by the Skills Funding Agency, an executive agency of the Department for Education (DfE), to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK. Please inform us of any changes.*

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| --- | --- |
| Name (as you would like it to appear on your certificate) |  |
| Address |  |
| Tel number |  |
| Managers Name and Contact number |  |
| Date of Birth |  |
| Email address |  |

**2. Course information**

*Please tick which units you are registering on. Tick all which apply – if you are unsure contact us.*

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| --- | --- | --- |
| 201 | *Award in Independent Advocacy* |  |
|  |  |  |
| 301 | *Purpose and Principles of Independent Advocacy -* |  |
| 302 | *Providing Independent Advocacy* |  |
| 303 | *Maintaining the Independent Advocacy Relationship* |  |
| 304 | *Understand the social context of independent advocacy* |  |
| 305 | *IMCA* |  |
| 306 | *IMHA* |  |
| 307 | *Advocacy Management* |  |
| 308 | *Advocacy with Adults* |  |
| 309 | *Advocacy with children and young people* |  |
| 310 | *IMCA DoLS* |  |
| 311 | *Mental Capacity Legislation for the advocacy role* |  |
| 312 | *Mental Health Legislation for the advocacy role* |  |
| 313 | *Advocacy under the Care Act* |  |

**3. Assessment information**

What is your work address where you would like your assessor to meet with you?

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Are there any risks you think we need to know about when visiting you at your place of work?

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If you are completing competency based units (302, 303, 305-309, 313) can you confirm that you are currently practising as an Advocate and can gather ‘on the job’ evidence? *Type yes or no.*

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**4. Individual support needs**

Do you require specific support to help you through your qualification? For instance you might want to tell us if you have a learning disability, require large print materials, if you have poor visibility or want hard copies of materials, if you do not have access to a computer. Put down anything you think we should know.

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**5. Black Belt Advocacy Mailing List**

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We would love to stay in touch and send you updates within advocacy and news about our resources and products. Please tick this box if you would like to be added to the Black Belt advocacy mail list.

****NB By returning this registration form you are booking onto the chosen units and instructing us to register you with City and Guilds. This constitutes an order and can only be cancelled in line with our cancellation policy.**

Thank you.

Please return to sara.nunes@katemercer-training.com