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| **Accredited Trainer Application Form (AT01)** |

This form is STEP 4 of the Trainee Trainer pathway. It is to be completed by a Trainee Trainer once all parts of STEP 3 have been satisfactorily completed.

*(If you are applying to start the NPA Trainee Trainer Pathway, you should complete and return form TT01 instead)*

Please contact the NPA office via administrator@portage.org.uk or 0121 244 1807 for any further details required.

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| --- | --- |
| **Trainee Trainer name** |  |
| **NPA Membership Number (if known)** |  |
| **Name of Service** |  |
| **Telephone contact numbers** |  |
| **Email** |  |

|  |  |
| --- | --- |
| **Mentor name** |  |
| **AT number (if known)** |  |
| **Name of Service** |  |
| **Telephone contact numbers** |  |
| **Email** |  |

**Evidence of Skills for Accreditation Checklist –** please provide a completed and signed copy of the checklist with this application

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| **Date of Checklist ‘sign off’ by Mentor** |  |

**Details of Portage Workshops delivered with an Accredited Trainer –** validation forms for these workshops will need to have been submitted to the NPA office. If any are outstanding, this is likely to hold up the assessment of your application

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| **Dates** | **Location** |
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**Details of NPA Training events eg: Trainers Forum/Development Day/ Regional Study Days/online meeting any other Portage Training/Events attended as a Trainee Trainer**

Add as many extra boxes as required

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| **Date** | **Event** |
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**Accredited Trainer Registration Fee:**

If your application is successful, your Service will be sent an invoice for the Accredited Trainer fee of £150.00

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| --- | --- |
| **Contact name for Invoice** **and email address****Purchase Order number*****Your application cannot be completed without this.*** |  |

**I certify that this information is correct to the best of my knowledge**

**Signed ……………………………………by Applicant (Name):……………………………………….**

**Date………………………………………………….**

**Please return this form to:**

**administrator@portage.org.uk**