|  |
| --- |
| **Application to Register as an NPA Trainee Trainer** |

Please read **Factsheet – Becoming an NPA Accredited Trainer – Overview & Costs**

before competing this form, so the applicant and those supporting the application are fully aware of the process and costs involved.

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

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

**Details of Portage Workshop attended:**

All details will be on your Portage Workshop Certificate.

|  |  |
| --- | --- |
| **Name of Accredited Trainer/s** |  |
| **Date course attended** |  |
| **Certificate number (if known)** |  |

**Details of any other Portage Training/Events recently attended:**

Add as many extra boxes as required eg. Level 3/Level 4 in Portage; PMLD Workshop; include NPA Regional Meetings, Conference/Development Day, etc

|  |  |
| --- | --- |
| **Training/event** |  |
| **Date attended** |  |
| **Training/event** |  |
| **Date attended** |  |
| **Training/event** |  |
| **Date attended** |  |

**Training Mentor:**

You will be required to work alongside a current AT during your training, please let us know who will be acting as your Mentor by completing their details below. If this is left blank, we will assume you need to be allocated a Mentor and we will be in contact to discuss this (**Note**: this will incur additional costs, please read **Factsheet – Buying in a Mentor for a Trainee Trainer** for costs and additional details)

|  |  |
| --- | --- |
| **Mentor Name** |  |
| **Accredited Trainer Number (if known)** |  |
| **Contact email address** |  |

**Details of your own Professional Pathway in Portage:**

Give as much information as possible (around 1,000 words) Eg: your Home Visitor Induction; length of practising experience; completion of Core Competencies; experience of applying Portage Principles in early years settings; quality measures and any positions of responsibility etc.

|  |
| --- |
|  |

**Details of your experience of delivering Training/Presentations:**

Give as much information as possible (around 1,000 words) Eg: experience of supporting delivery of Portage Workshop, Early Bird Trainer, Triple P etc. Give details about dates of delivery, sizes of groups, changes you made as a result of evaluations and observations.

|  |
| --- |
|  |

**Reference from Line Manager:**

This is required to ensure your Line Manager’s commitment to supporting your training in terms of time and funding requirements. They should also confirm the applicant’s suitability, interests and commitment to becoming a NPA Trainer.

|  |
| --- |
|  |

**Signed ……………………………… by Line Manager (Name):……………………………………….**

**Date………………………………………………….**

**Special Requirements:**

The NPA will make reasonable adjustments for you should you need. Please describe what you believe would be required to support you.

|  |
| --- |
|  |

**Trainee Trainer Registration Fee:**

If your application is successful, your Service will be sent an invoice for the Trainee Trainer Registration fee of £30.00

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

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

**Date………………………………………………….**

**Please return this form to:**

**administrator@portage.org.uk**