

**ABC Youth Work Award  
Application**

About You

First Name	
Surname	
Address (including post code)	
Phone Number	
Email Address	
Date of Birth	

<b>Ethnic Background:</b> Choose the number that best describes your ethnic group or background:	
1. White - English/Welsh/Scottish/Northern Irish/British 2. White - Irish 3. White - Gypsy or Irish Traveler 4. White - Any other please describe: 5. Mixed/Multiple ethnic groups - White and Black Caribbean 6. Mixed/Multiple ethnic groups - White and Black African 7. Mixed/Multiple ethnic groups - White and Asian 8. Mixed/Multiple ethnic groups - Any other please describe:	9. Asian/Asian British - Indian 10. Asian/Asian British - Pakistani 11. Asian/Asian British - Bangladeshi 12. Asian/Asian British - Chinese 13. Asian/Asian British - Any other please describe: 14. Black/ African/Caribbean/Black British - African 15. Black/ African/Caribbean/Black British - Caribbean 16. Black/ African/Caribbean/Black British - Any other please describe: 17. Other ethnic group - Arab 18. Other ethnic group - please describe:

<b>Gender:</b>	Male	Female	Prefer to Self-Describe (Please specify)	Prefer not to say
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<b>Do you consider yourself to have a disability?</b>	Yes	No	Prefer not to say
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<b>Organisation where you currently do youth work/volunteer</b>	
Name of Organisation	
Address	
Post Code	
Your Role	
Manager name and contact details	

We would like to know more about you and why you want to take part in this course. Please complete in your own words, by hand or electronically.

**Personal Statement**

1. Please tell us your experience of working with young people

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2. Please describe why you think youth work is important for young people

3. How do you hope that this training course will help you personally and professionally in your work with young people?

4. What do you think will be the most challenging aspect of this course for you?

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Please tell us about any access requirements you have:

Please list all qualifications you have:

Do you have any additional needs that we should know about and/or you may require support with?

**Your project leader/line manager's declaration**

I support the above-named person to complete the Level 2 Award in Youth Work Practice

Line Manager (name)	
Signature	
Date	

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Any information we gather via the use of paper/on-line forms will be held by Atkin Associates under the terms of the General Data Protection Regulation (GDPR) and used for managing our application process, planning our provision and monitoring the equality of opportunity for all of our applicants. The details you provide may also be used to inform you of future events and promotions which we think may be of interest.

Please tell us how you would like to be contacted: (tick all that apply)	
by telephone	
by email	
by SMS	
any of these	
Name	
Signature	
Date	

**Please complete this form and email to Caroline Garrity: [caroline@youthfocusne.org.uk](mailto:caroline@youthfocusne.org.uk) by Tues 17<sup>th</sup> March at the very latest.**

**If you have written by hand, please scan or take a photo and send to the same email address.**

**If you have any questions, please contact Kevin Franks on 0191 0191 477 9966 to discuss the course.**