

**BA Childhood Practice**

**APPLICANT’S NAME:**

**Are you currently employed: YES** [ ]  **NO** [ ]

**Are you registered with the Scottish Social Services Council (SSSC): YES** [ ]  **NO** [ ]

**Are you registered with the Care Inspectorate: YES** [ ]  **NO** [ ]

**Applicant SSSC or Care Inspectorate registration number:
Applicant years of employment experience:**

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| ***Mentoring Information*** |
| ***Mentor’s Full Name***  |  |
| ***Mentor’s Organisation*** |  |
| ***Mentor’s Address*** |  |
| ***Mentor’s Telephone Number*** |  |
| ***Mentor’s Email Address*** |  |
| ***Is your mentor prepared to support a substantive project in an area of the improvement plan being carried out by you in the setting?*** |
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| ***Is your mentor prepared to facilitate and mentor you though the programme during the course of study?*** |
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I confirm that the information given in this form is true and accurate.

Applicant’s Signature: Date: