FINE level 2: Practical Skills for Family Centred Developmental Care

Application Form

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| PERSONAL DETAILS | | |
| **First name** | | **Surname** |
| **Address for correspondence** | | **Full Work Address** |
| **Email**  Work  Home  Which is your preferred email address? | | **Current post** |
| **Telephone** | | **Which FINE 1: Foundation Toolkit for did you attend (date and location)?** |
| EXPERIENCE | | |
| **Number of years working in neonatal care** | | |
| **List the courses and experience related to family centred developmental care which you have had.** | | |
| SUPPORT | | |
| **Who will pay the fees for this course?** |  | |
| **How will your manager facilitate your participation in this course?** |  | |
| **What benefits will your team expect if you attend this course?** |  | |
| COMMITMENT AND AVAILABILITY | | |
| **You will need to dedicate 2-5 hours per week for course work. How do you plan to fit this in?** |  | |
| It should be possible to fit some course work into a normal working day but you may need to arrange several non-working days to complete assignments in the second half of the course.  **Will you be granted study leave or protected time for course work? (delete one)**  Yes / No  **Are you willing to do some of the work in your own time? (delete one)**  Yes / No | | |
| **Please answer the following questions (250-500 words)**   1. **Your reasons for applying for this course and why you think you are a suitable candidates?** 2. **How have you benefited from attending the FINE 1 course?** 3. **How you might use the knowledge and skills that you expect to gain from this course?** | | |
| **How you benefited from attending FINE 1: Foundation Toolkit?** | | |
| **How you might use the knowledge and skills that you expect to gain from this course?** | | |
| REFERENCES | |  |
| **Please give the names and address of two people who would be willing to give you a reference for this course. One should be your current manager.** | | |
| **Name:**  **Job Title:**  **Address:**  **Email:**  **Telephone:** | | **Name:**  **Job Title:**  **Address:**  **Email:**  **Telephone:** |
| Email your completed application form to: [training@bliss.org.uk](mailto:training@bliss.org.uk) | | |
| **Paymen**t: the course fee is **£600.00**. You will be invoiced as soon as your application has been approved. Payment to be received before starting date. | | |
| **Let’s keep in touch**  We work with healthcare professionals to support the most vulnerable babies in the UK. We’d love to keep you updated with news about our work and ways you can get involved with Bliss. Please give your preferences below.  Post YesNo   Text message   YesNo   Email   YesNo   Telephone YesNo  Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Your privacy**  We (Bliss and Bliss Scotland) promise we will use the personal data you have provided to communicate in the way(s) you have agreed to.  We will not pass your details on to any third party organisation for their marketing purposes.  Find out how we look after your personal details visit: [www.bliss.org.uk/our-supporter-promise](http://www.bliss.org.uk/our-supporter-promise). You can opt out of all communications from Bliss at any time by calling the Supporter Engagement Team on 020 7378 5740 or emailing [supporters@bliss.org.uk](mailto:supporters@bliss.org.uk). | | |