



# TUTOR APPLICATION FORM

**Name:**

**Home Address**

**Work Address**

House Name/Number:

Building Name/Number:

Street Name:

Street Name:

Town:

Town:

County:

County:

Postcode:

Postcode:

Home Phone:

Work Phone:

Mobile Phone:

Mobile Phone:

Home Email:

Work Email:

**When are you available to tutor?** (Please tick boxes)

Daytime

Evening

Weekends

**Are you able to deliver through the medium of Welsh?** (Please tick box)

Yes

No

**Which of the following courses are you able to deliver?** (Please tick boxes)

Introduction to Youth Work - Level 1

Introduction to Youth Work - Level 2

Introduction to Youth Work - Level 3

Child Protection

Health and Safety in the Youth Work Setting

Art Skills for Youth Workers

Senior Member Training

Youth Forum Training

Substance Misuse Awareness

Other: (Please List)

**Please Complete Next Page**

**If you require more space please attach and use additional sheets of paper**

**Please outline your Teaching/Tutoring qualifications:**

**Please outline your Youth Work qualifications:**

**Please give a brief description of your tutoring experience:**

**Any additional information you feel will support your application:**

**When were you last Police Checked?** (Date)

**By Whom?**

**Referee Details**

Name :

Address:

Telephone:

Email: