##### Gaslight Media Trust

##### *JustUs* Training Registration Form

(**This form may be photocopied. Only one individual per form please**.)

**Personal Contact Details:**

|  |  |
| --- | --- |
| Name |  |
| Job title |  |
| Community Organisation / Voluntary Group |  |
| School (if relevant) |  |
| Address |  |
| E-mail |  |
| Phone / Mobile |  |

**Please Indicate Your Community Background**

⃞ PUL (Protestant, Unionist, Loyalist) ⃞ CNR (Catholic, Nationalist, Republican)

⃞ BME (Black, Minority, Ethnic) ⃞ Other / Please Specify\_\_\_\_\_\_\_\_\_\_

Availability / Commitment

⃞ I confirm that I am available for and committed to attend the two-day training programme on 18th & 19th of October 2018 and that I will make my own way to Rural Community Netowrk’s offices for the programme.

⃞ I also confirm that I will complete and submit course work in the form of 4 Out of Workshop Exercises/Questions in order to secure accreditation.

**Previous Experience/ Training in Youth Work/Teaching**

Please indicate which work context best describes your experience / training:

⃞ Limited previous experience / training in youth work or teaching

⃞ Significant experience / accredited training in youth work or teaching

**NB:** Please comment on experience and state type of accreditation:

|  |
| --- |
|  |

**Work context in Community and Voluntary Sector**

Please indicate which work context best describes your position (one only):

⃞ Paid FT employment in Community and Voluntary Sector/Education Sector

⃞ Paid PT employment in Community and Voluntary Sector/Education Sector

⃞ Unpaid / Voluntary full time work in the Community and Voluntary Sector/Education Sector

⃞ Unpaid / Voluntary part time work in the Community and Voluntary Sector/Education Sector

⃞ Individual not directly working in Community and Voluntary Sector/Education Sector

**Benefits to Participants**

Please tick the box(es) which best describe the benefits of the programme to you or your organisation

⃞ I work in a dedicated youth organisation and this course would be very beneficial both to me as an individual and to my organisation in engaging in meaningful youth work

⃞I am a teacher and intend to deliver this course to support the LLW element of the NI curriculum that I deliver.

⃞ I regularly work on Good Relations issues and I could use this training to progress this work.

⃞I work in a single identity area and could use this training to really engage in depth in youth work

⃞ I intend to use this training to deliver it to young people that I work with.

**Reason for interest in this programme**

Please explain (50 words max) why you would like to take part in this project.

#### Post Training Programme Participant Obligations

1. Over the course of one year participants agree to complete at least one JustUs delivery with a group of young people in their respective organisation or school. This delivery as a minimum to comprise: Introductory session, one thematic module and one concluding session.
2. A number of months post training participants agree to engage in 1 ‘refresher’ workshop session (date/venue to be agreed) where they will meet / reconvene to reflect and discuss the delivery of JustUs, evaluate their practice and progress and discuss the impact of their delivery.

# Special Requirements

This information is used only for planning purposes.

Do you have any disability or special requirements we need to be aware of?

⃞ no ⃞ yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you any special dietary requirements (medical)?

⃞ no ⃞ yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return this form to the address below as soon as possible**

**and not later than Friday, 28th September 2018 to:**

**Rural Community Network**

**38a Oldtown street**

**Cookstown**

**Co Tyrone**

**BT808EF**

**Ph: 02886766670**

**Email: teresa@ruralcommunitynetwork.org**

**Signature:** ……………………………………………………………………………………….

**Date:** ……………………………………………..