## **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 18<sup>th</sup> & 19<sup>th</sup> 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	
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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, 28<sup>th</sup> September 2018 to:

<b>Rural Community Network</b>
38a Oldtown street
Cookstown
Co Tyrone
BT808EF

Ph: 028 8676 6670

Email: <a href="mailto:teresa@ruralcommunitynetwork.org">teresa@ruralcommunitynetwork.org</a>

Signature:

.....

Date: .....