# PDA: HEALTH AND SOCIAL CARE SUPERVISION



# - application form

*Return to:* Moray SVQ Centre

Social Work Training Team

### Council Building, High Street, Elgin, IV30 1BX

Telephone: 01343 563850/563851 Email: SVQCentre@moray.gov.uk

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| guidelines for candidates | | | | | | | | | | | | |
| Candidates must attend the required training sessions prior to commencing the award and commit to induction and group sessions for the duration of the award. They must ensure that their line manager is aware of any sessions/meetings they are required to attend.  Please refer to additional guidance issued with this application or contact the centre for further information, if required, prior to completing the application form. | | | | | | | | | | | | |
| Award details | | | | | | | | | | | | | |
| Course Name: | | | **PDA Health & Social Care Supervision** | | | | | | | | | | |
| Personal Details | | | | | | | | | | | | | |
| Surname: |  | | | | First Name: |  | | | Employee No: | | |  | |
| Previous surname(s):  (if any) | | |  | | Gender: |  | | | Date of Birth: | | |  | |
| Job title: |  | | | | Workplace: |  | | | No of years in post: | | |  | |
| Home Address | |  | | | | | | | | | | | |
| Town/City | |  | | | County |  | | | | Postcode | |  | |
| Phone No | |  | | | | | Mobile No: |  | | | | | |
| Email address: | |  | | | | | | | | | | | |
| SQA/Scottish Candidate No *(if applicable)*:  *This can be found on previous certificates from SQA* | | | |  | | | | | | | | | |
| qualifications & other information | | | | | | | | | | | | | |
|  | | | | | | **Yes** | | **No** | | | **Comments** | | |
| Do you hold a qualification to at least a level of SCQF 7 (eg.SVQ 3) or above?  Please list any other qualifications/training related to this award (eg. SVQ, HNC,) | | | | | |  | |  | | |  | | |
| Have you completed Supervision Skills (for Supervisors)? | | | | | |  | |  | | |  | | |
| Have you completed Adult Support and Protection Module 2 (in the last 3 years)? | | | | | |  | |  | | |  | | |
| Are you currently involved in providing supervision to staff? | | | | | |  | |  | | |  | | |
| Do you have access and skills to use a computer? | | | | | |  | |  | | |  | | |
| Are you committed to complete this award by the submission date? | | | | | |  | |  | | |  | | |
| Are you aware that attendance at all taught sessions is mandatory? | | | | | |  | |  | | |  | | |
| Are you aware that there are no reasons other than certificated illness for extensions to the submission date? | | | | | |  | |  | | |  | | |
| Do you have any additional support needs that you would like to discuss in confidence? | | | | | |  | |  | | |  | | |

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| --- | --- |
| Why are you applying for this award? | |
| In no more than 200 words please state your reasons for applying to do this PDA. Tell us a bit about your job role in providing supervision . | |
| Disclaimer and Signature | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application approved I understand that I have agreed to commit to the course of study and meet the standards required of the centre. Failure to do so may result in withdrawal from the course and a requirement to repay the costs of the course to Moray Council. | |
| Signature | Date |

***Please ensure that the following Line Manager approval page is completed prior to returning to Moray SVQ Centre at the address on the front of this form.***

|  |  |  |
| --- | --- | --- |
| line managers AGREEMENT | | |
| Please comment on the applicant’s ability, motivation and competence to undertake the Professional Development Award (PDA) In doing so, can you please take note of the comment below:  **NB:** This PDA is achieved through a combination of written assignments and observed practice and the candidate will be expected to attend training and workshops as well as carry out self directed learning. They must be qualified to at least a level of SCQF level 7(eg SVQ level 3) and be in roles where they are currently involved in providing supervision. This award is based on experience rather than job title however staff should be able to demonstrate effective communication and interpersonal skills therefore should not be selected where their basic competence is in doubt.  **If you do not support this candidate it is the responsibility of the line manager to inform the candidate of the reasons behind this.** | | |
| **LINE MANAGER’S COMMENTS** (THIS SECTION MUST BE COMPLETED) | | |
| **Please comment on the applicant’s ability, motivation and competence to undertake the award:** | | |
| Is this qualification required by the Care Inspectorate? |  | |
| How will undertaking the PDA benefit the candidate/workplace? |  | |
| **Will the candidate have access to a computer in the workplace?**  *(This is important to enable the candidate to access legal and organisational requirements.)* |  | |
| **Are you prepared to commit to make adjustments to the candidate’s workload to allow for them to attend workshops and complete the assessment?**  *(Attendance at workshops and taught sessions is a mandatory part of the PDA.)* |  | |
| **Is the candidate currently involved in providing supervision?** |  | |
| **Are you agreeable to an assessor coming to the workplace to observe the candidates practice relating to a supervision session?** |  | |
| line manager Signature | | |
| I confirm my approval for this member of staff to undertake the award. | | |
| Signature | | Date |