|  |
| --- |
| **Date completed**: |
| **Name of Certificated Training Service**: |
| **Completed by**: |

PLEASE COMPLETED THE RELEVANT SECTIONS, AND UPLOAD THE NECESSARY EVIDENCE INTO THE SUBMISSION PORTAL

**1 - ADDING A NEW SENIOR TRAINER**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Professional Qualification**  **(Std 4.3.1)** | **Experience 2years +**  **(Std 4.3.2)** | **Teaching/ Training Competence**  **(Std 4.2.1)** | **TtT – Curricula Orientation**  **(Std 4.3.3)** | **First Aid/ ILS**  **(Std 4.2.2)** | **Trainer Update**  **(Std 4.3.3 & 4.3.4)** | **CPD**  **(Std 4.3.5)** | **PEER EVALUATION**  **(Std 4.7.2)** |
| *e.g., Sam Jones*  *NB. SEE SECTION 3 TO INDICATE ANY SENIOR TRAINERS YOU ARE REMOVING* | *e.g., Full time trainer, OR Nurse, OR*  *HCA.*  *CV attached\** | *e.g., 5 years employment in health service as….*  *CV attached\** | *e.g., PTLLS (01/02/13) [Certificate attached\*] or*  *Training evaluation covering last 12 months\** | *e.g., Attended Restraint Ltd TtT - 5 days (12/03/2018) [Certificate attached\*]* | *e.g., EFAW (11/03/21) [Certificate attached\*]* | *e.g., Attended trainer refresher/ update on 12/01/2022 [Certificate attached\*]* | *e.g., Updated CPD attached.*  *See additional certificates for courses attended\** | *e.g., Peer evaluation report (14/01/2022) [Document attached\*]* |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*DOCUMENTARY EVIDENCE **MUST** UPLOADED INTO THE EVIDENCE SUBMISSION PORTAL BEFORE IT CAN BE REVIEWED

**2 - ADDING A NEW CURRICULA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of New Curricula or Module to be ADDED\*** | **Populations?** | **Settings?** | **Country?** | **Documentary Evidence?** |
| *e.g., Breakaway Skills or Clinical Holding module*  *NB. SEE SECTION 3 TO INDICATE ANY CURRICULA YOU ARE REMOVING* | e.g., Services supporting adults or children, people with mental health conditions or learning disabilities, Autistic people, people acquired brain injury &/or people living with dementia | e.g., healthcare, social care or education | *e.g., England, Northern Ireland, Wales or Scotland* | e.g., lesson plans, slides, handouts, trainer guidance or manual |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

\*DOCUMENTARY EVIDENCE **MUST** UPLOADED INTO THE EVIDENCE SUBMISSION PORTAL BEFORE IT CAN BE REVIEWED

**NOTE. We will need to make arrangements for classroom observations before the addition can be approved.**

**3 - REMOVING A SENIOR TRAINER &/OR CURRICULA, OR INFORMATION TO BE UPDATED**

|  |  |  |
| --- | --- | --- |
| **CURRICULA TO BE REMOVED** | **SENIOR TRAINER TO BE REMOVED** | **INFORMATION TO BE UPDATED** |
| e.g., any curricula that is being replaced by a NEW curriculum | e.g., any senior trainer that has left the organisation or ceased to train | e.g., other changes to your website entry details that appear on the Bild ACT website e.g., change of contact details or a trainer’s name that needed to be updated |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**FOR BILD ACT INTERNAL USE ONLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed as complete:** | **Name/Role:** | **Role:** | **Date:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |