**Better Boards – Trustee Development Programme**

***Train the Trainer Course – Application Form***

*Please type all your answers and save this form*

|  |  |
| --- | --- |
| Name |  |
| E-mail Address |  |
| Telephone Number |  |
| Current role, employment status and organisation (if applicable) |  |

What is your experience of management in a voluntary sector organisation including working with a trustee board/management committee? *(max 200 words)*

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What is your experience of being a member of a trustee board/management committee? *(max 200 words)*

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Please describe any experience you have had of providing support, advice and guidance to other voluntary and community organisations *(max 200 words)*

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Do you have a teaching qualification? Yes/No *(please delete as appropriate)*

If yes – what qualification(s) and please provide details including date(s) and the training provider(s):

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If no – are you interested in the Level 3 Award in Education and Training course that HCF is providing at Oaklands College starting 16th January 2019? Yes/No

Please outline your experience in delivering training *(max 200 words)*

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If accepted onto the Train the Trainer course to help deliver the programme between March – December 2019, you are likely to be required to deliver around:

* 4 consultations (2 hours)
* 3 governance courses (4 hours)
* 10-15 Bite-Size sessions or seminars (90 mins)

The work will be shared among all the trainers in the team and take account of each person’s availability, geographical location etc

What are the possible limitations to your availability to deliver training between March – December 2019:

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Are there any limitations on your ability to travel to different locations in Hertfordshire in order to deliver the training?

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I confirm that all the information provided on this form is an accurate description of my experience, that I will be available to make the required contribution to the delivery of the programme and that I have notified HCF about possible limitations on my availability that I am currently aware of.

Signed: ………………………………………………. Date:

If you are employed by an organisation your line manager or a trustee/director needs to authorise your participation in this programme.

Signed: ……………………………………………… Date:

Name and Role:

*Please scan and return the completed signed form to* [**hcftraining@hertscf.org.uk**](mailto:hcftraining@hertscf.org.uk)

*Application deadline:* **5pm Wednesday 23rd January 2019**