



SVQ APPLICATION FORM (Unpaid Carers)

AWARD: SVQ 2 Social Services & Healthcare if you care for an adult

or

SVQ 2 Social Services (Children & Young People) if you care for a child

Please return completed application, by post or email to:

SVQ Assessors for Unpaid Carers
Aberdeenshire Council
Workforce Development Team
25 Gordon Street
HUNTLY
Aberdeenshire
AB54 8AL

Telephone: 01467 535655

Email: carersvq@aberdeenshire.gov.uk

N.B. Once your application form has been returned, a SVQ Assessor will make contact with you for an initial meeting to discuss your application further, answer any queries you may have, and ascertain if this qualification may be suitable for you.

Full name	
Home address	
Email	
Telephone number (home) Telephone number (mobile)	
<p>Do you care for: ADULT YOUNG PERSON CHILD (Please mark with X) Age: Age:</p> <p>Are you the main carer? Yes No (Please mark with X)</p> <p>What is your relationship with the person you care for? (E.g. Parent, Son, Daughter, Brother, Sister, Neighbour, Friend)</p> <p>Why would you like to apply to complete an SVQ 2 in Social Services & Healthcare or SVQ 2 Social Services (Children and Young People)?</p>	

Please give a brief description of your caring role and the condition, illness or disability of the person you care for.

Can you identify any potential difficulties with the time commitment required to undertake the SVQ in terms of the impact on your caring role?

Do you have access to a computer? Please mark with X **Yes** **No**

Please rate your level of confidence in using a computer (word processing, email etc) Please mark with X

Not very confident **1** **2** **3** **5** **6** **7** **8** **9** **10** *Very confident*

Any other relevant qualifications or training you have previously undertaken?

Do you have any additional support or learning needs? Please mark with X **Yes** **No**
Please describe (*This can be discussed further in confidence if you prefer*)

Where did you hear about the SVQ Award for Unpaid Carers?:

Signature of Applicant:
(leave blank if sending application electronically)

Date:

FOR OFFICE USE ONLY: SUPPORTING STATEMENT

To be completed by assessor after selection process, commenting on the applicant's ability, motivation and competence to undertake an SVQ 2 Social Services & Healthcare.

Date of discussion:	Participants:
Comments:	

Signature: _____

Date: _____