



Tutor Training Application Form

Please save the completed application to your desktop and return your completed form to:

E-mail:

Health.improvement@westerntrust.hscni.net

Should you have any queries please contact the team on the email above or via telephone:

028 7186 5127

PLEASE COMPLETE ALL SECTIONS

We greatly appreciate you taking the time to complete this application form. All information is strictly confidential.

Please specify which Programme you wish to be trained for:

- **Cook it!**

- **I Can Cook it!** (Delivered to those with mild to moderate learning disabilities)

Name:	
Contact Address:	
Postcode:	
Contact Tel:	
Contact Email:	
Male or Female:	
Are you over 16 years of age?	

Employment

On behalf of which organisation will you be delivering the programme?

Name of Organisation:	
Organisation Address:	
Contact Telephone:	
Position within organisation:	Employed: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Length of contract: _____ Sessional tutor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please specify): _____

Which client groups below do you expect to work with? (Please tick all that apply)

Parents / Families	
Older People	
Mental Health	
Disability	
Youth Mentoring	
Women's Group	
Resettlement	
Travelling Community	
Ethnic Minority	
Other (Please specify)	

Are you currently involved in any other health projects?

Past experiences

How long have you worked/ volunteered with Groups?

0-6 months 6months-2years over 2 years

Please provide a summary of your working experience with these groups

Group Name	Details of your specific role	Approx dates of work
<i>E.g. Walking group</i>	<i>E.g. Led group</i>	<i>E.g. Within last 6 months</i>

Have you completed a Food Hygiene Qualification within the last 3 years?

YES / NO

If **yes**, please give details of the qualification and the date received

Please Note: If no, you will need to complete level 2 Food Safety Certificate, which can be done online or via your organisation.

Have you COMPLETED any courses/training on the following topics within the last two years? (*Tick all that apply*)

Course/Training	Tick (✓)	Give Details
First Aid		
Cookery		
Nutrition		
Community development		
Working with groups / Group Facilitation		

Have you delivered a course (eg cookery course, nutrition course, life skills course, health promotion) within the last two years? (Tick one box only)

Yes No

If yes, please list the names of these courses?

Who were these courses aimed at?
(E.g. mother and toddler groups, school groups, health professionals)

Have you any other relevant experience?

Delivering the Cook it! / ICCI! Programme

Will your employer support you to train and deliver the programme?
E.g. time allowance. (Tick one box only)

Yes No Unsure

Please give details

How do you hope to use the programme?

Do you have access to kitchen facilities to deliver the programme?

Yes No

Please detail

Have you identified a group to whom you wish to deliver the programme?

Yes No

After training, how soon will you be able to start delivering the programme to this group?

Within 3 mths Within 6 mths Unsure

Is the group newly established? Yes No Unsure

How well do you know the group?

Very well Well Not that well Not at all

Have you read: 'Delivering Cook it! / ICCI! Guidelines for Organisations and Tutors

Yes No

If you have not read the guidelines they are available from the Community Food and Nutrition Team. Please contact the team for a copy.

Additional Information and Manager Declaration

Is there anyone in your organisation who has completed the Cook it! / ICCI! Tutor Training?

Yes No

If yes will you be delivering the programme with them? _____

Please provide tutor name(s) _____

Please add any additional information to support your application

Name of Manager: _____

Manager contact details: _____

Declaration

YES NO

I have read and understood the 'Delivering Cook it! / ICCI! Guidelines for Organisations and Tutors.
(Available from Community Food and Nutrition Team)

I will allow named applicant to attend Food Hygiene Training

N/A

I will allow named applicant to attend Cook it! Tutor training

I will provide facilities & equipment for delivery of Cook it!

I will facilitate at least 2 programmes in the year after Cook it! Training (or delivery to 12 participants)

I will allow the tutor to attend **at least** one Cook it! Update each year

I will ensure facilities & insurance are appropriate

Has your organisation identified funding to deliver I Can Cook it!?
(I.e. Ingredients/resources/administration/etc.)

Signed (Applicant) _____ **Date** _____

Signed (Manager) _____ **Date** _____

Thank you for completing this form

List of documents for return: - Completed Application Form