

Edinburgh Early Learning and Childcare Academy

Application Form 2024/25

For Local Authority Early Years Employees

(All sections of the form must be completed)

**Personal Details**

|  |  |
| --- | --- |
| Full name |  |
| Employee number |  |
| Job title |  | Length of time in current role |  |
| Workplace |  | Start date |  |
| Workplace Address |  |
| Workplace phone no. |  |
| E-mail address |  |
| Home address |  |
| Current qualifications |  | Date achieved |  |

**Course you wish to apply for**

|  |  |
| --- | --- |
| Course / Qualification |  |
| College / University |  |
| Start date |  |
| Length of course |  |

**Type of course**

|  |
| --- |
|  |

**Have you received funding for additional qualifications in the past?** Yes / No

If yes – Please detail the course and your completion date.

**Work history**

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | From | To |
| Job title |  |
| Department |  |
| Brief description of responsibilities, experience and knowledge gained |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | From | To |
| Job title |  |
| Department |  |
| Brief description of responsibilities, experience and knowledge gained |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation |  | From | To |
| Job title |  |
| Department |  |
| Brief description of responsibilities, experience and knowledge gained |  |

**Course fees**

Please indicate the total cost of the course fees for each year of your course.

**Please include confirmation of these costs in writing from the Training Provider / College / University**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Financial Year1 April – 31 March | 2024 - 2025 | 2025 - 2026 | 2026 - 2027 | 2027 - 2028 |
| Total cost of course |  |  |  |  |
| Amount Claimed |  |  |  |  |

**Other organisations for funding requests**

SAAS (Student Awards Agency Scotland) fund part time courses and depending on your personal circumstances they may give financial support.

SDS Individual Training Accounts (ITA). Get up to £200 towards the cost of a training course with an SDS Individual Training Account (ITA) if salary is below £22,000 ITA@sds.co.uk

**Personal Statement –** please provide detailed answers to the following questions:

**Please provide details of the improvement priorities for your work place. How will this course help you to improve the service that you and your team provide?**

**How will your participation on this course support your personal and professional development?**

**A well trained professional and skilled workforce is a key contribution to improving outcomes for children. Please use the space below to share your thoughts on the other factors required to drive quality in early years.**

**Considerations for allocation of funding**

Please note funding for additional qualifications is not guaranteed and funds available are limited.  Therefore, applicants should be in their current role for at least two years and **applications should be submitted before applying for courses.**

|  |  |
| --- | --- |
| Staff in Leadership Roles |  |
| Length of time in your current post |  |
| Your most recent qualification |  |

I certify that all details are complete and correct at the time of writing.

**Applicant signature: Date:**

**…………………………………………………………………………………………………………………...**

**This section must be completed by the applicant’s Line Manager**

I support this application from …………………………………….…

**Line Manager’s details**

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Signature |  |
| Date |  |
| Supporting information from Line Manager |  |

**Completed forms must be submitted:** earlylearningacademy@edinburgh.gov.uk