**Parents Plus Special Needs Programme Application Form**

**N.B.** As the Special Needs Programme must be facilitated by **two trained professionals**, we request

that **two applicants from the same service apply** for this sponsorship opportunity. If your cofacilitator has already trained in the PPSN, pleased indicate this on the application form

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| **Section 1: Contact Details of Co-Facilitators** | |
| * 1. **Name of First Person Applying** |  |
| * 1. **Job Title**   2. **Profession** |  |
| * 1. **Organisation & Location** |  |
| * 1. **Email** |  |
| * 1. **Phone** |  |
| * 1. **Name of manager** |  |
| |  |  | | --- | --- | | * 1. **Name of Second Person Applying** |  | | * 1. **Job Title**   2. **Profession** |  | | * 1. **Organisation & Location** |  | | * 1. **Email** |  | | * 1. **Phone** |  | | * 1. **Name of manager** |  | | Have all managers listed above consented to the application and agree to the commitments required? YES □x NO □ | | | |

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| **Section 2: Recruitment of Parents/ Evaluation** |

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| Please confirm by ticking the box that you can recruit a group of 8-15 parents to participate in a PPSN group, lasting 2 hours, for 7 consecutive weeks, either online or face to face, 3 weeks following training YES □ NO □  Please confirm that your agency can participate in an evaluation of the project YES □ NO □  The evaluation will be supervised by Trinity College Dublin and approved by the University Ethics Committee. Please specify any additional research ethics/ approval your agency will require  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **Section 3: Experience and Motivation** |
| **3.1. Please detail your training and experience of running the Parents Plus evidence-based programmes in your service.** |
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| **3.2. Please detail your previous experience of running similar groups aimed at supporting parents of young people with learning disabilities in your service.** |
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| **3.3. What outcomes are you interested in achieving for your client group and service in participating in this project?** |
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| **3.4. Please describe your plan for how you will engage and support parents in your service to attend this group, as well as manage the practical arrangements such as the venue and time.**   |  | | --- | |  |   **3.5. Please include any other information in support of your application. Why are you best placed to take part in the project?** |
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**Please complete and email your application form to ciaranir@parentsplus.ie**