

**Champion Facilitator Application Form**

**Name of facilitator(s) applying to be a Parents Plus Champion:**

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**Name of  co-facilitator(s):**

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**Name of line manager(s):**

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**Agency:**

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**Which Parents Plus Programme(s) are you and accredited in/or working towards accreditation on?**

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**Parents Plus Programme(s) run in last 18 months:**

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| *Name of programme(s), dates delivered.* |

**Plan for Parents Plus Programme(s) to be run in next 18 months:**

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| *Name of programme(s), dates to be delivered.* |

**Any other information?**

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**Signatures**

Facilitator(s) Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I confirm that the above agency are fully behind this application to become a Parents Plus Champion Facilitator and will support the facilitator(s) to deliver the Parents Plus Programmes. 🗖

Manager(s) Signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_