**Parents Plus Special Needs Programme 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 Line manager** |  |
| |  |  | | --- | --- | | * 1. **Name of Second Person Applying** |  | | * 1. **Job Title**   2. **Profession** |  | | * 1. **Organisation & Location** |  | | * 1. **Email** |  | | * 1. **Phone** |  | | * 1. **Name of Line manager** |  | | All managers listed above must consent to the application and agree to the commitments required. Have all managers listed above consented to the application and agree to the commitments required? YES □ | | | |

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

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| **Please confirm by ticking the box that you are able to recruit a group of 8-15 parents to participate in a PPSN group, lasting 2 hours, for 7 consecutive weeks, starting in January 21**  **My service can recruit parents to take part in the group**  YES □ |
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| **Section 3: Experience and Motivation** |
| **3.1. Please detail your training and experience of running the Parents Plus 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 intellectual 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 cherie@parentsplus.ie by Monday 10th of August at 5p.m.**