**Parents Plus Special Needs/Early Years Programme Application Form**

**N.B.** As these programme must be facilitated by **two trained practitioners**, we request

that minimum **two applicants from the service/collaboration apply** for this sponsorship opportunity.

**Which Parents Plus Programme do your service wish to train in during 2024?**

**Special Needs: Yes/No Early Years: Yes/No Both: Yes/No**

**New PPEY Core Delivery: One module up-skilling (only for trained PPEY facilitators): Yes/No**

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| **Section 1: Contact Details of Co-Facilitators** | |
| * 1. **Name of First Person Applying** |  |
| * 1. **Job Title/Profession** |  |
| * 1. **Organisation & Location** |  |
| * 1. **Email** |  |
| * 1. **Phone** |  |
| * 1. **Name of manager** |  |
| 1.7 **Which Programme?** |  |
| |  |  | | --- | --- | | * 1. **Name of Second Person** |  | | * 1. **Job Title/ Profession** |  | | * 1. **Organisation & Location** |  | | * 1. **Email** |  | | * 1. **Phone** |  | | * 1. **Name of manager**   2. **Which Programme?** |  | |  |  | | * 1. **Name of Third Person**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 3.2 **Job Title/Profession** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 3.3  **Organisation & Location** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 3.4 **Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * 1. **Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | * 1. **Name of manager** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   2. **Which Programme?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  | | | |

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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 7-13 parents to participate in a PPSN or PPEY group, lasting 2 hours, weekly, either online or face to face **YES □ NO □**    Please confirm that your agency can participate in an evaluation of the project **YES □ NO □**  The evaluation will be supervised by Parents Plus Charity |
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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 additional support needs 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 programme, 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**](mailto:ciaranir@parentsplus.ie)