

## Application for CACHE Level 1 Award in Caring for Children

This entry level qualification is suitable for individuals currently working and looking to obtain a UK qualification or people looking to enter the child care profession. The qualification will allow learners to gain better knowledge of child development and how to care for children more effectively.

**Course fees are due NO LATER than the first session.**

Please complete this application form in detail to allow us to assess your suitability for this course.

Please attach any additional information to support your application, if necessary.

**The name you supply us with will appear on your certificate and should correspond to the name that appears in your passport.**

Personal Details - please fill in all areas and print clearly as these details will be used to register you with CACHE.

Title	Mrs	Miss	Ms
First name:	Middle name:		
Family name:			
Address/PO Box:			
Emirate:			
Home Telephone No:		Mobile phone:	
Email address (please print carefully):			
Date of birth (DD/MM/YY):			
Next of kin:		Contact number:	

As applicable       I have access to the internet

I have access to a computer/laptop

### Education

Higher Education	
Curriculum Studied	
Dates from – to	

### Qualifications Obtained (Montessori / CACHE / Childcare / Degree / A Level and / or other relevant qualifications):

Qualification	Date	Awarding Body



**Employment:** Please state present employer or setting where volunteering (if applicable).

Employer:
Date of Employment from - to:
Roles and Responsibilities:
Contact Person:

Are you being financially supported by your employer? Yes  No   
If yes, please enclose a letter from your employer supporting your application.

**Previous relevant employment:**

Employer:
Date from - to:
Curriculum:
Roles and Responsibilities:

**Please tell us a little about yourself:**

Your experience working with children.
What you hope to get out of the course.
Any concerns or worries about your learning.

Pre-existing medical conditions:

Please be advised that I have the following medical condition:

For this condition, I am taking the following medication (Please advise dosage, administration method):

### Conditions of Registration

- Please fill in **all** sections of this form and return it to:  
QuEST Direct, Office 2606, Tameem House, Barsha Heights, Dubai (04 276 6737)  
or email it to [admin@quest-me.education](mailto:admin@quest-me.education)

- **Registration fee of AED 525** should be made after the approval of your application form.  
Paying your registration fee will guarantee your space for the course.  
Please note that this registration fee is non-refundable and non-transferable.  
**Course fee for Level 1 is AED 1,050** and must be paid in advance, no later than the first session.

**All cheques MUST** be made payable to **Quest Direct Professional Services** and **MUST** be submitted to the Accounts Department at the beginning of the course.

**These conditions are fully understood and I agree to abide by them.**

**I also confirm that all information given on this form is accurate.**

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

#### Where did you hear about us:

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Website   | <input type="checkbox"/> Colleague             |
| <input type="checkbox"/> Facebook  | <input type="checkbox"/> Other: (please state) |
| <input type="checkbox"/> Instagram | _____  |
| <input type="checkbox"/> Friend    | _____  |

#### Have you enclosed:

- |  |   |
|--|---|
| <input type="checkbox"/> Passport Copy                       | <input type="checkbox"/> Photocopies of relevant certificates |
| <input type="checkbox"/> Letter from Employer, if applicable |   |