

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:	Residency Visa no.:	Emirate ID no.:	
Home Telephone No:		Mobile phone:	
Email address (please print carefully):			
Date of birth (DD/MM/YY):		Nationality:	
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 33, 3rd floor Rasis Business Centre Al Barsha First, Dubai (058 541 2606)
or email it to 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"/> Facebook
<input type="checkbox"/> Instagram
<input type="checkbox"/> Friend | <input type="checkbox"/> Colleague
<input type="checkbox"/> Other: (please state) _____

_____ |
|--|--|

Have you enclosed:

- Passport Copy ***Required**
- Letter from Employer, if applicable
- Photocopies of relevant certificates ***Required**
- Copy of Emirate ID ***Required**
- Copy of Residency Visa ***Required**