

Parent’s Parliament







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| --- | --- |
| Title |  |
| Forename(s) |  |
| Preferred Name |  |
| Surname |  |
| Student Number |  |
| School |  |
| QUB Email Address |  |
| Contact Number |  |

 **Application Form: Parent’s Parliament 18/19**

 **This is opportunity opened to all postgraduate students**.

[ParentKind](https://www.parentkind.org.uk/) in partnership with the Graduate school, CCEA and the Department of Education are offering 10 students a unique opportunity to be involved the development of a Parent’s Parliament in Stormont.

If selected, you will be trained in [**De Bono Six Thinking Hats**](http://www.debonogroup.com/six_thinking_hats.php) and become certified user.

* You will use this training to facilitate a group during 6 consultation meetings.
* You will attend Stormont for the launch of the new Parent’s parliament.

If you are interested, you must be able to:

* Commit to six evening sessions over the next 12 months. All dates will be confirmed but the first is on **December 5th 2018**, with the second being held in **February 2019**.

Transport to and from the venues will be provided.

If you are interested please complete the application form attached and return to pg.skills@qub.ac.uk by **Thursday 29 November 2018.**

De Bono training will be held on Monday 3rd Dec (am)

**Please note by completing this registration form you are committing to completing the programme on ALL dates specified. Applications will be reviewed by a panel of staff within The Graduate School.**

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| **Date** | **Activity** | **Location** | **Time** |
| Monday 3rd December | Training | The Graduate School | 10:00-13:00 |
| Wednesday 5th Dec | Parent’s Parliament Meeting | Hamilton Road Community Hub, Bangor County Down | 18:30-21:00 |
| February 2019 | Parent’s Parliament Meeting | TBC | 18:30-21:00 |

The form should be completed and emailed to pg.skills@qub.ac.uk / or handed into The Graduate School Reception.

**Why are you interested in taking part in this programme?**

Please outline in more detail.

**Declaration**

I confirm the information I have provided is true and that I can commit to the training dates as I have outlined:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

* We will notify you to confirm your place.
* If you have any queries, please contact pg.skills@qub.ac.uk.



**#QUBpostgrad**