

Application Form

Please use **BLOCK CAPITALS** in blue or black ink.

Personal Details

Title:		Forenames:	
Middle names:			
Surname:			
Date of Birth:	/	/	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
Home address:			
County:		Postcode:	
NI Number:		ULN:	
Primary phone number:			
Email:			
Emergency contact	If you are aged 16-18, your emergency contact needs to be either your Parent, Guardian or Carer.		
Name of emergency contact:			
Relationship to you:			
Emergency contact number:			

Nationality & Ethnic Origin

Nationality:			
Ethnic Origin:	Put a cross (x) in the relevant box.		
White English/Welsh/Scottish/N.Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background <input type="checkbox"/> Mixed White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple Ethnic Background <input type="checkbox"/>	Asian Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian Background <input type="checkbox"/> Black African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean /Background <input type="checkbox"/>	Other ethnic group Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>	

First language:	
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Support

We are committed to supporting people with learning difficulties, disabilities, mental health or other support needs.

Do you need assistance during an emergency evacuation of the building? Yes No

Do you have an Education Health Care Plan? Yes No If yes please provide your EHCN: _____

Do you have a Learning Difficulty Assessment? Yes No

Learning difficulty, disability or health problem-

Put 1 for your main difficulty or disability, 2 for other difficulties or disabilities.

Visual impairment <input type="checkbox"/>	Severe learning difficulty <input type="checkbox"/>	Other specific learning difficulty (e.g. Dyspraxia) <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Other medical condition (e.g. epilepsy, asthma, diabetes) <input type="checkbox"/>
Disability affecting mobility <input type="checkbox"/>	Dyscalculia <input type="checkbox"/>	Other learning difficulty <input type="checkbox"/>
Profound complex disabilities <input type="checkbox"/>	Autism spectrum disorder <input type="checkbox"/>	Other disability <input type="checkbox"/>
Social and emotional difficulties <input type="checkbox"/>	Asperger's syndrome <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Mental health difficulty <input type="checkbox"/>	Temporary disability after illness (e.g. post viral) or accident <input type="checkbox"/>	None <input type="checkbox"/>
Moderate learning difficulty <input type="checkbox"/>	Other physical disability <input type="checkbox"/>	
Speech, language and communication needs <input type="checkbox"/>		

Criminal Convictions

Do you have any relevant unspent criminal convictions? Yes No
 Relevant means offences against the person, whether of a violent or sexual nature, and convictions involving unlawful supplying or possession of controlled drugs or substances. If you declare that you have a conviction, you will be asked to complete a separate information sheet. This is to help us assess any potential risk to yourself or others. Having a criminal record will not necessarily prevent you studying. This will depend on the course you choose and the circumstances of the offence. If you do not disclose a relevant conviction, which is ultimately discovered, this could result in you being excluded.

Household Situation

Put a cross (x) in the relevant box.

Please tick which of the following statements apply (one or more may apply):

No household member is in employment and the household includes one or more dependent children

No household member is in employment and the household does not include any dependent children

Learner lives in a single adult household with dependent children

I confirm that I wish to withhold this information

None of these statements apply

Are you or have you ever been living in care, or being looked after by a carer? Yes No

Residency status You will be asked to provide evidence. Put a cross (x) in the relevant boxes.

Country of residence for the last three years: UK

If you have not lived in the UK, EU or EEA for the last three years, on what date did you enter the UK?

D D / M M / Y Y

Are you a refugee? Yes No

Yes No

Are you in the UK with a visa? Yes No

Yes No

If yes, what type of visa?

Leave to Remain

Do you have one of the following types of leave to enter or remain? (Put a cross (x) in the relevant box)

Discretionary leave Exceptional leave Humanitarian protection Indefinite leave

Are you an asylum seeker? Yes No

Yes No

If yes, when did you apply for asylum?

D D / M M / Y Y

Are you receiving asylum support? Yes No

Yes No

If you are a non-EEA national and you are a family member or spouse of someone who is legally a resident in the UK, please give details of their legal status and length of residence in the UK.

Residency assessment

Interviewer to record details of supporting residency documentation here and notes.

Document type (passport, EU citizen ID card, UK Birth Certificate, UK Border Agency Documents, etc.)

Document reference:

Visa type:

UK Visa reference:

Valid from:

D D / M M / Y Y

Valid until:

D D / M M / Y Y

Other residency documentation and notes:

Status:

Home

Overseas

Ineligible

Fees due will be paid by:

No fees due

Learner

Sponsor (inc employer)

Student Loans Company

Fee assessor's name:

Fee assessor's signature:

Date of signature:

Learning Agreement and Declaration

How we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of relevant data protection legislation, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be used for education, training, employment and well-being related purposes, including for research. The DfE and the English European Social Fund (ESF) Managing Authority (or agents acting on their behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. You can opt in for contact for other purposes by ticking any of the following boxes if you wish to be contacted:

About courses/learning opportunities For surveys and research By post By phone By email

For more information about how your information is processed and shared, refer to the Extended Privacy Notice available on Gov.UK.

I confirm that I have received sufficient guidance from TrainPlus about: the choice of courses available to me; course entry requirements; my suitability for the course; the financial and learning support available to me, as appropriate. I understand TrainPlus reserves the right to amend course arrangements as published.

I agree to abide by TrainPlus' policies and procedures, Learner Code of Conduct (available at enrolment) and, where relevant, the Higher Education Student Contract. I understand any breaches of these may result in disciplinary action being taken against me and my learning agreement terminated.

I formally accept the learning programme specified on this form and confirm that all the information supplied on this form is correct. I understand if I have declared false information TrainPlus will take action against me to reclaim course fees and any associated costs. I give my consent to TrainPlus to record and process the information contained in this form where TrainPlus complies with its obligations under the Data Protection Act 2018.

Signature Of Applicant

I certify that to the best of my knowledge the above information is true and correct. I consent to TrainPlus and their training partners holding and using the information in this application.

Signature: _____

Date: ____/____/____

16-18 Countersignature

Countersignature from parent/guardian (if applicant below 18 years of age): _____

Full name of parent/guardian: _____

Phone No: _____

Email address: _____

Returning This Application

When completed, this form and all enclosures should be posted to:

Admissions,
TrainPlus Ltd,
73a High Street,
Wickford,
Essex
SS12 9AQ

Further Information

For further information or help completing this form please contact us on:

Phone: 01268 574299

E-Mail: info@TrainPlus.co.uk