**

*A picture containing flower

Description automatically generated*

**Application Form**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title:** | | |  | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | **Forenames:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | |  | | |
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| **Middle names:** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | |  | | |
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| **Surname:** | | | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | |  | | |
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| **Date of Birth:** | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | **/** | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | **/** | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | **Gender:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Male 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Female 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | Prefer not to say 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| **Home address:** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | |  | | |
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| **County:** | | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | **Postcode:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |
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| **NI Number:** | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | **ULN:** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |
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| **Primary phone number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Email:** | | | | | | | | |  | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | |  |
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| **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:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Nationality & Ethnic Origin** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nationality:** | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | |
| **Ethnic Origin:** | | | | | | | | | | | | | | Put a cross (x) in the relevant box. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **White**  English/Welsh/Scottish/N.Irish/British 🞎  Irish 🞎  Gypsy or Irish Traveller 🞎  Any other white background 🞎  **Mixed**  White and Black Caribbean 🞎  White and Black African 🞎  White and Asian 🞎  Any other Mixed/Multiple Ethnic Background 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Asian**  Indian 🞎  Pakistani 🞎  Bangladeshi 🞎  Chinese 🞎  Any other Asian Background 🞎  **Black**  African 🞎  Caribbean 🞎  Any other Black/African/Caribbean /Background 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Other ethnic group**  Arab 🞎  Any other ethnic group 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Learning difficulty, disability or health problem-** Put 1 for your main difficulty or disability, 2 for other difficulties or disabilities. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visual impairment 🞎  Hearing impairment 🞎  Disability affecting mobility 🞎  Profound complex disabilities 🞎  Social and emotional difficulties 🞎  Mental health difficulty 🞎  Moderate learning difficulty 🞎  Speech, language and communication needs 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Severe learning difficulty 🞎  Dyslexia 🞎  Dyscalculia 🞎  Autism spectrum disorder 🞎  Asperger’s syndrome 🞎  Temporary disability after illness (e.g. post viral) or accident 🞎  Other physical disability 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Other specific learning difficulty (e.g. Dyspraxia) 🞎  Other medical condition (e.g. epilepsy, asthma, diabetes) 🞎  Other learning difficulty 🞎  Other disability 🞎  Prefer not to say 🞎  None 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Prior Qualifications** | | | | | | | | | Please enter your recent qualifications (including Maths and English) below. Otherwise put a (x) in the relevant box beside ‘No qualifications’. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **English, Maths & ICT Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject** | | | | | | | | | | | | | | | | **Type** | | | | | | | | | | | | | | **Grade/Level** | | | | | | | | | | | | | | Office checked | | | | | | | | | | |
| English | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| Maths | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| ICT | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |
| **Highest Qualifications** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Subject** | | | | | | | | | | | | | | | | **Type** | | | | | | | | | | | | | | **Grade** | | | | | | | | | | | | | | Office checked | | | | | | | | | | |
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| **No qualifications 🞎** | | | | | | | Checked by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | | | | | | | | | | | | | |
| **Previous school, college, or university:** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Course(s) applied for:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Enrolment information** | | | | | | | | | | | | | | | | | | | | **Start date** | | | | | | | | | | | | | | | | | | **Expected end date** | | | | | | | | | | | | | | | | |
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| **Prior to your enrolment today, were you in full time education or training? 🞎** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I confirm that I am not currently studying on any other apprenticeship or a Higher Education/Further Education course where that programme is more than 4 weeks from completion.** 🞎 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessor name:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employer’s Details** | | | | | | | | To be completed by your employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer/Company name:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Learner’s Job Title:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Postcode:** | | |  |  |  | | | | |  | |  | |  | |  |  | | **Phone no.** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Manager/Supervisor name:** | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | **Position:** | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Email:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **How long has this applicant been working at your organisation?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | Years | | | | |  | | |  | | | Months | | | | | | | | | |
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| **Average working hours:** | | | | | | | | | | | | Less than 16 hours 🞎 | | | | | | | | | 17-29 hours 🞎 | | | | | | | 30 or more hours 🞎 | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| **Are you a Levy payer?** | | | | | | | | | | | | Yes 🞎 | | | | No 🞎 | | | **Employer ID (office use only)** | | | | | | | | | | | | | | |  | |  | | |  | | |  | | |  | |  | |  | | |  | |  |
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| **I confirm that the above-named applicant is an employee of this company, holds a contract of employment and is eligible to work in the UK. I agree to pay the fee for this programme as indicated by the assessor on this form. Any initial exemption to fees is subject to further assessment. 🞎** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Employer’s signature:** | | | | | | | | | | | | | | | | | | | | | | | **Date of signature:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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 🞎 | |  |

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| **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 🞎 | | **Are you in the UK with a visa?** | | | | | | | | | | | | | | | | | Yes 🞎 | | No 🞎 | | |  | |
| **If yes, what type of visa?** | | | | | | | | | | **Leave to Remain** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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 🞎 | | | | |  | | | | | | | | | | | | | | | | | | |
| **If yes, when did you apply for asylum?** | | | | | | | | | | | | | | | | **D** | | **D** | | **/** | | **M** | | | **M** | **/** | **Y** | | **Y** |  | | | | | | |
| **Are you receiving asylum support?** | | | | | | | | | | | | | 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Document reference:** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Visa type:** | | |  | | | | | | | | | | | | | | | | | | | **UK Visa reference:** | | | | | | | | |  | | | | | |
| **Valid from:** | | | | **D** | **D** | | | **/** | | **M** | **M** | **/** | **Y** | | | **Y** | | **Valid until:** | | | | | | | | **D** | **D** | | **/** | **M** | **M** | **/** | | **Y** | **Y** |  |
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| Other residency documentation and notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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:** | | | | | | | | | | | | | |
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| **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**](mailto:info@trainplus.co.uk) | | | | | | |