

2023/24 Apprenticeship Training Application and Learning Agreement

Applicants should supply relevant information on ALL sides of this form. (Please complete in BLOCK CAPITALS)

SURNAME _____ TITLE (Mr/Mrs/Miss/Ms) _____

FORENAMES _____ DATE OF BIRTH _____

Permanent Address _____

Postcode _____

If you will be living at a different address at the start of your course enter the postcode here: Postcode _____

Nationality _____ Country of Residence (for last 3 years) _____

If in UK less than 3 years please state date of entry _____ Settled status Pre-settled status

National Insurance Number _____

Home No _____ Work No _____ Mob No _____

Email Address _____

Emergency contact 1: Name _____ Tel. No. _____ Email _____

Emergency contact 2: Name _____ Tel. No. _____ Email _____

(Please only include the names and numbers of people who have agreed to you giving us their details and who understand we will hold and only use that information in the event of an emergency during your time on the course)

Ethnic Origins

White

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any Other White Background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Other ethnic group

- Arab
- Any other ethnic group

Mixed / Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/multiple ethnic background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any other Black / African / Caribbean background

Do you have a disability, health problem or learning difficulty? Yes No

(If YES please tick all that apply to you – if you have ticked more than one please circle the one that you think has the most impact on your learning)

- | | | |
|---|---|--|
| <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Mental health difficulty | <input type="checkbox"/> Severe learning difficulty |
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Autism spectrum disorder | <input type="checkbox"/> Other specific learning difficulty |
| <input type="checkbox"/> Disability affecting mobility | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Moderate learning difficulty |
| <input type="checkbox"/> Profound/complex disabilities* | <input type="checkbox"/> Social and emotional difficulties | <input type="checkbox"/> Other learning difficulty |
| <input type="checkbox"/> Temporary disability after illness or Accident | <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes) |
| <input type="checkbox"/> Other physical disability* | <input type="checkbox"/> Dyscalculia | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Other disability | <input type="checkbox"/> Speech, language and communication needs | |

If you ticked above indicating some form of medical, physical and/or mental health condition and there is anything staff need to be aware of please provide further details:

Medical Condition _____ Medication _____

If you have an EHCP (Education Health Care Plan) please tick the box

* Please list any support needs that you have in order to be able to attend an interview if applicable (e.g. wheelchair user):

Please tick the box if any of these apply to you: In Care Care Leaver Young Parent Young Carer

Please indicate the HIGHEST level of qualification you hold to date.

Examples of FULL level qualifications are indicated below – for further information/detailed list go to the Contact Us page on andover.ac.uk or Apply Now page on sparsholt.ac.uk

- | | | | | |
|--|---|--|---|---|
| <input type="checkbox"/> NVQ Level 1
GCSE/O Level
(grades D-G) | <input type="checkbox"/> NVQ Level 2
5+ GCSEs/O Levels
(grades A*-C)
First Diploma
C&G National Certificate | <input type="checkbox"/> NVQ Level 3
A Levels/AS Levels
BTEC Nationals
C&G Advanced National
Certificate | <input type="checkbox"/> NVQ Level 4
BTEC HNC | <input type="checkbox"/> NVQ Level 5
BTEC HND
Foundation Degree |
| <input type="checkbox"/> Level 6
First Degree | <input type="checkbox"/> Level 7
PGCE, MA, PhD
Other postgraduate qualification | <input type="checkbox"/> No qualifications | <input type="checkbox"/> Other (please include any other qualifications that are not Full L2 or L3):

_____ | |

Employment status prior to starting the course:

Please tick the employment status that applies to you and then tick number of hours worked and number of months employed for.		✓ (tick)
Paid Employment		
Self Employed		
Hours	0-10 hours per week	
	11-20 hours per week	
	21-30 hours per week	
	31+ hours per week	
Employed for	Less than 3 months	
	4-6 months	
	7-12 months	
	More than 12 months	

Not in Paid Employment (please tick looking or not looking for work and how long you have been unemployed)		✓ (tick)
Looking for work and available to start work		
Not looking for work and/or not available to start work		
How long?	Less than 6 months	
	6-11 months	
	12-23 months	
	24-35 months	
	36 months or more	
Unemployed because of redundancy		

Employer Name: _____

Address: _____

Postcode: _____

Just before you start your apprenticeship, will you have been in full-time education or training?

Yes No

Are you studying any other courses at another College/Educational establishment at the same time as this course?

Yes No

If YES, please give details of the course and College:

Do you have any unspent criminal convictions? Yes No

If 'yes' please give more details:

The College is keen to support students to help them succeed and having a criminal conviction will not necessarily prevent you from enrolling on one of our courses. However failure to disclose a criminal conviction may jeopardise your place.

Beliefs: What is your religion? (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

No religion
 Atheist
 Buddhist
 Christian (all denominations)
 Hindu
 Jewish
 Muslim
 Sikh
 Any other religion: _____
 Prefer not to say

Sexual Orientation (This question is voluntary and by ticking one of the boxes below you are agreeing to us holding and processing this information internally for statistical and data analysis purposes.)

Heterosexual
 Lesbian/Gay
 Bisexual
 Other
 Prefer not to say

Please indicate where you first heard of the College:

Taster Day
 Word of Mouth
 Outdoor Banner
 School Event
 Twitter / Facebook
 Radio
 Careers Fair
 Google Advert
 Newspaper
 Teacher / School
 Bus Advert
 Train Station
 Careers Adviser
 Other - please specify: _____

