



Individual Learning Agreement and Plan

Version Produced: SEPTEMBER 2012

This Page will be filled in by Consortia Funded Staff personnel only

| | | | |
|---------------------------------|--|-------------|---------|
| LEARNER NAME | Miss/ Ms/ Mrs/ Mr | First Names | Surname |
| Vocational Area | | | |
| Attendance Pattern Type | <input type="checkbox"/> Work Based learning (monthly) <input type="checkbox"/> Supported Day Release (fortnightly) <input type="checkbox"/> Day Release (weekly) | | |
| Course | <input type="checkbox"/> Advanced Apprenticeship <input type="checkbox"/> Intermediate Apprenticeship <input type="checkbox"/> NVQ - Level 1 <input type="radio"/> or Level 2 <input type="radio"/> <input type="checkbox"/> VRQ - Level 1 <input type="radio"/> or Level 2 <input type="radio"/> | | |
| Including: | <input type="checkbox"/> Key Skills <input type="checkbox"/> Functional Skills <input type="checkbox"/> Employment Rights and Responsibilities <input type="checkbox"/> Personal Learning and Thinking Skills | | |
| Training Location | | | |
| Unique Learner Number | | | |
| MIS Number (PICs) | | | |
| LearnZone (VLE) Username | | | |

APPLICATION FORM

SECTION 1: INFORMATION FOR APPLICANTS

Data Protection Act 1998:

This information may be shared with the Skills Funding Agency (who fund courses) they may share this information with other organisations and the Department for Education and Skills for administrative, statistical and research purposes, to inform Careers/Connexions and other guidance and to monitor the progress of learners. Consortia Training or the Subcontracting Training Provider will not disclose personal information to any other parties.

Freedom of Information Act 2005

You are within your rights to request access to any information held by Consortia Training or the Subcontracting Training Provider providing it is not for commercial interests or if confidentiality would be in the greater public interest than publication. Requests for information will be responded to within 20 working days.

Equality and Diversity

Learning is open to ALL regardless of marital status, race, gender, sexual orientation, religion, transgender, pregnancy, age or disability. We particularly welcome applications from males, black and minority ethnic applicants who are currently under represented on our work based learning programmes. There are limits as to who is eligible to free courses due to funding criteria set by the government. For further information contact us on 01777 704225. All 16 – 18 year olds are automatically funded.



SECTION 2: TRAINING PROVIDER INFORMATION

| | | |
|-------------------------------|---|--|
| Name: | Consortia Training | |
| Head Office Address: | 22, Chapelgate, Retford, Nottinghamshire. DN22 6PJ | |
| Telephone/ Fax Number: | 01777 704225 | |
| Managing Directors: | Giovanni (John) Iannantuoni (GeTaHead Training), Sue Bamford (The Academy), Sylvia Lilley (Bassetlaw training Agency), Graham Daniels (Positive Approach) | |
| E-Mail/ Web Site: | consortiatraining@live.co.uk | |

Consortia Training's Mission

Collaborate, Improve, Progress for Success

Consortia Training aims to


- ◆ Provide high quality training & assessment
- ◆ Assist the Apprentice to produce an Individual Learning Plan and agreement (ILP), which identifies their targets and takes into account their existing qualifications, skills and experience.
- ◆ Provide the necessary resources, support and training in the vocational occupation area of hairdressing, which will allow the apprentice to develop and acquire the knowledge and competence to achieve the objectives set out in the individual learning plan.
- ◆ Communicate with all relevant parties on the learner's welfare, training and development.
- ◆ Provide a training environment, which encompasses the Equality and Diversity Policy of the organisation,
- ◆ Safeguard apprentices from harm; protect them from harassment, bullying or any form of discrimination.
- ◆ Undertake their legal and contractual responsibilities for the Health and Safety of the Apprentice.

Termination of Agreement

This Agreement may be terminated, subject to appropriate disciplinary and notice procedures, if, in the opinion of any or all parties, the terms and conditions of this agreement are not being met. For further information please request a copy of the relevant policy.

| Consortia Name | Consortia Signature | Date |
|----------------------|---------------------|-----------------|
| Giovanni Iannantuoni | | 1st August 2012 |

SUBCONTRACTOR INFORMATION

| | | | |
|--|--|---|-----------------------------|
| Name: | GeTaHead Training | | |
| Address: | 22, Chapelgate, Retford, Nottinghamshire. DN22 6PJ | | |
| Contact Telephone: | 01777 704225 (8.30 – 5.00) | Text or Call: 07 | |
| Retford Training Centre | 01777 862778 | Newark Training Centre: 01636 615060 | |
| Managing Director: | Mr Giovanni Iannantuoni (John) | | |
| GeTaHead Trainer Name: | | | |
| GeTaHead Trainer Contact: | Message through the LearnZone (log in details will be provided) Or use the phone numbers above. | | |
| E-Mail/ Web Site: | Info@getaheadtraining.co.uk | www.getaheadtraining.co.uk | |
| Subcontractor's Commitment | | | |
| GeTaHead Training values its partnerships with others, promoting excellence in hairdressing learning and achievement, responding to all learners as individuals, enabling them to reach their potential. | | | |
| GeTaHead confirms its commitment to uphold Consortia Training's and its own mission statements. If it fails to do this please request a copy of our complaints and grievance policy where your rights and procedures for complaints are explained. | | | |
| GeTaHead Name | | GeTaHead Signature | Date |
| Giovanni Iannantuoni | |  | 1 st August 2012 |

SECTION 3: YOUR COURSE REQUIREMENTS

Tell us exactly what type of training you are wanting and why you want it.....

SECTION 4: LEARNER APPLICATION DETAILS

| | | | | |
|---|--------------------------|----------------------------------|------------------------|-------------------------|
| Name | Miss/ Ms/ Mrs/ Mr | First Names | Surname | |
| | | | | |
| Address: | | | | |
| Postcode: | | Home Telephone Number: | | |
| Date of Birth: | ___/___/___ | Mobile Telephone Number: | | |
| Current Age: | | National Insurance Number | ___/___/___/___/___ | |
| E-Mail Address: | | | Left Handed (✓) | Right Handed (✓) |
| | | | | |
| Ethnicity: <small>(Required for equal opportunities monitoring only e.g. White British)</small> | | | Male (✓) | Female (✓) |
| | | | | |

Will be added at interview

PHOTO

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SECTION 5: FUNDING ELIGIBILITY

| ELIGIBILITY FOR TRAINING PROGRAMME- I confirm the following (√) | | | |
|---|--------------------------|--|--------------------------|
| I am <u>not</u> returning to full time education. | <input type="checkbox"/> | I <u>have completed</u> Year 11 at school | <input type="checkbox"/> |
| I am <u>not</u> attending school/ other further or higher education organisations | <input type="checkbox"/> | I am <u>not</u> in any other employment/ learning, or programmes funded by the Government. | <input type="checkbox"/> |
| I am <u>not</u> an overseas national – subject to learning restrictions. | <input type="checkbox"/> | I am <u>not</u> a prisoner on remand / and do not have any unspent criminal convictions. | <input type="checkbox"/> |
| I am <u>not</u> a graduate and do not have a level4 qualification. | <input type="checkbox"/> | I <u>have</u> been resident in the UK for past 3 years | <input type="checkbox"/> |
| Learner Signature confirms eligibility | | | Date |
| | | | ___/___/20___ |

SECTION 6: PRIOR EXPERIENCES & SKILLS

| School/s or College/s Attended | Start Month / Year | End Month/ Year | | | |
|--|--|---|--|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| Prior Employment / Work Experience Details (Organisation) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Prior Training/ Experiences or Skills (Organisation) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Tick any areas where you already have skills/ knowledge | | | | | |
| Shampooing <input type="checkbox"/> | Conditioning Treatments <input type="checkbox"/> | Blow-drying <input type="checkbox"/> | Setting <input type="checkbox"/> | Long Hair Work <input type="checkbox"/> | |
| Colouring <input type="checkbox"/> | Perming <input type="checkbox"/> | Cutting <input type="checkbox"/> | Health & Safety <input type="checkbox"/> | Consultation <input type="checkbox"/> | |
| Customer Care <input type="checkbox"/> | Reception Skills <input type="checkbox"/> | Promote & Advise <input type="checkbox"/> | | | |
| Hobbies, interests and other skills or achievements not previously recorded. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

SECTION 8: DISABILITY, HEALTH AND LEARNING SUPPORT

Health and medical conditions or learning difficulties will not prevent you from joining our programmes, but we need to ensure you are safe and appropriately supported at all times so please complete the information honestly.

MEDICAL CONDITIONS / DISABILITIES

Do you suffer with any of the following conditions? Please ✓ any conditions you have so we can make sure you are as healthy and safe as possible when on our training programmes.

| | | | | | |
|---------------------|--------------------------|----------------------|--------------------------|---------------------|--------------------------|
| Arthritis | <input type="checkbox"/> | Emotional/ Behaviour | <input type="checkbox"/> | Mental health | <input type="checkbox"/> |
| Asthma /Respiratory | <input type="checkbox"/> | Fainting attacks | <input type="checkbox"/> | Mobility | <input type="checkbox"/> |
| Blood pressure | <input type="checkbox"/> | Epilepsy | <input type="checkbox"/> | Migraine | <input type="checkbox"/> |
| Dermatitis /Eczema | <input type="checkbox"/> | Hearing impairment | <input type="checkbox"/> | Physical disability | <input type="checkbox"/> |
| Diabetes | <input type="checkbox"/> | Heart | <input type="checkbox"/> | Visual impairment | <input type="checkbox"/> |

Effect of Medical Condition: e.g. how the condition affects you/ medication/ limitations etc.

Other Medical Conditions: e.g. other medical conditions/ disabilities not listed above? If yes, please describe them here.

LEARNING DIFFICULTIES

Diagnosed Learning Difficulties: Have you ever been **diagnosed** as any of the following? Please ✓ any conditions you have so we can make sure you are adequately supported whilst on our training programmes.

| | | | | | |
|----------|--------------------------|-----------|--------------------------|-------------------------------|--------------------------|
| Dyslexia | <input type="checkbox"/> | Dyspraxia | <input type="checkbox"/> | Dyscalculia | <input type="checkbox"/> |
| Autism | <input type="checkbox"/> | ADHD | <input type="checkbox"/> | Other (please write below) | <input type="checkbox"/> |

Undiagnosed Learning Difficulties:

Have you ever **thought** you may have learning difficulties? Yes No

If **yes** describe the problems.

Support Notes:

Any help or specialised support you will need to attend an interview

e.g. Type of support previously provided/required/ how you feel you could be helped/supported during your programme.

Learner confirms full information on all my Medical / Learning Difficulties

Date

___/___/20___