

CONSORTIA TRAINING APPLICATION FORM

If you want any help filling in this application form just come into any Consortia Training Delivery Centre and they will be pleased to help.

1. Personal Details

Name	Miss/ Ms/ Mrs/ Mr	First Name/s	Surname	To be added at interview
				PHOTO PHOTO PHOTO PHOTO
Address				
Postcode			Home Phone Number	
Date of Birth	____/____/____		Mobile Phone Number	
			National Insurance Number	____/____/____/____/____
E-Mail Address				
Emergency Contact Information (Under 18 – Parent Or Guardian / Over 18 - Next of Kin)				
Name				
Relationship	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Partner <input type="checkbox"/> Other (state)			
Address				
Home Phone			Mobile Phone Number	
Email				

2. Course Requirements /Career Aims

The course I am interested in is	
The career I am aiming for is	

3. Prior Experience and Skills

School/s or College/s / Training Provider Attended	Started Month/ Year	Ended Month / Year
(Put your most recent first and then work back to oldest)		
Employment / Work Experience Details (Organisation)	Started Month/ Year	Ended Month / Year
(Put your most recent first and then work back to oldest)		
Hobbies, Interests, other Skills, Experiences or Achievements not previously recorded.		

4. Prior / Predicted Qualifications

Academic Qualifications - GCSE/ A Level Qualifications					To be completed by Consortia or Subcontractor's Staff when Evidence Provided			
Type e.g. GCSE	Subject	Predicted Grade	Actual Grade	Date e.g. Sept 2015	Provisional (Initial)	Certificate (Initial)	LRS (Initial)	MIS (Initial)
	Art / Design							
	Biology							
	Business							
	Chemistry							
	English							
	English Literature							
	General Studies							
	Geography							
	History							
	ICT							
	Maths							
	PE (Sport)							
	Physics							
	Religious Education							
	Science							

Other English and/or Maths Qualifications e.g. Functional or Key Skills			To be completed by Consortia or Subcontractor's Staff Evidence Provided				
Level 1, 2, or 3	Subject	Date e.g. Sept 2015	Provisional (Initial)	Statement (Initial)	Certificate (Initial)	PLR (Initial)	MIS (Initial)

Vocational Qualifications e.g. NVQ or VRQ			To be completed by Consortia or Subcontractor's Staff Evidence Provided				
Level 1, 2, or 3	Subject	Date e.g. Sept 2014	Provisional (Initial)	Statement (Initial)	Certificate (Initial)	PLR (Initial)	MIS (Initial)

Any Further Qualification Information - not provided above

Background Information

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.

Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Age Range	16 -18 <input type="checkbox"/>	19 – 24 <input type="checkbox"/>	25+ <input type="checkbox"/>
Handed	Left <input type="checkbox"/>	Right <input type="checkbox"/>	

ELIGIBILITY FOR A GOVERNMENT FUNDED COURSE - 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> a graduate and do not have a level 4 qualification.	<input type="checkbox"/>	I am <u>not</u> a prisoner on remand / and do not have any unspent criminal convictions.	<input type="checkbox"/>

RESIDENCY ELIGIBILITY

	Yes	No
Have you been resident in the UK, European Union or European Economic Area for the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>
Please select which of the following applies to you...		
British Citizen	<input type="checkbox"/>	EU/EEA Citizen <input type="checkbox"/>
Asylum Seeker	<input type="checkbox"/>	Refugee <input type="checkbox"/>
Indefinite Leave to Remain	<input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

FLEXIBILITY / EMPLOYMENT

	Yes	No
Have you already got employment for your apprenticeship?	<input type="checkbox"/>	<input type="checkbox"/>
If you have answered <u>no</u> to current employment please tick any of the following that apply		
I am seeking employment near to home	<input type="checkbox"/>	I am prepared to travel on buses <input type="checkbox"/>
I can drive, location is not an issue	<input type="checkbox"/>	I am prepared to travel on trains <input type="checkbox"/>
I have family or friends to transport me	<input type="checkbox"/>	
General Comments on Travel and Location		

HOUSEHOLD SITUATION

The Skills Funding Agency (SFA) who will be funding your course asks us to collect information about Learners' Household Situation.
Please tick **True or False** or if you do not want to answer just tick **Yes** at statement 5.

	T	F	T	F
1. No one in my home (including me) is working.	<input type="checkbox"/>	<input type="checkbox"/>	2. In my home, there is only one adult (aged 18 or over).	<input type="checkbox"/>
3. In my home there is at least one child (aged 0 -17 or 18 - 24 years if full time student or unemployed)	<input type="checkbox"/>	<input type="checkbox"/>	4. None of these statements apply (1 -3 all false)	<input type="checkbox"/>
5. I wish to withhold this information. Yes <input type="checkbox"/> No <input type="checkbox"/>				

Coding information – for administration purposes only (Please Tick as Appropriate)

1	2	3	1 & 2	1 & 3	1, 2 & 3	2 & 3	4	5
HHS2	HHS99	HHS99	HHS2	HHS1	HHS1 & HHS3	HHS3	HHS99	HHS98

ETHNICITY – tick the one that applies to you ...		✓	Code
White:	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	31
	Irish	<input type="checkbox"/>	32
	Irish Traveller	<input type="checkbox"/>	33
	Any other white background	<input type="checkbox"/>	34
Mixed/Multiple Ethnic Group:	White and black Caribbean	<input type="checkbox"/>	35
	White and black African	<input type="checkbox"/>	36
	White and Asian	<input type="checkbox"/>	37
	Any other mixed/multiple ethnic background	<input type="checkbox"/>	38
Asian or Asian British:	Indian	<input type="checkbox"/>	39
	Pakistani	<input type="checkbox"/>	40
	Bangladeshi	<input type="checkbox"/>	41
	Chinese	<input type="checkbox"/>	42
	Any other Asian background	<input type="checkbox"/>	43
Black/African/Caribbean/Black British:	African	<input type="checkbox"/>	44
	Caribbean	<input type="checkbox"/>	45
	Any other Black/African/Caribbean background	<input type="checkbox"/>	46
Other Ethnic Group:	Arab	<input type="checkbox"/>	47
	Any other ethnic group	<input type="checkbox"/>	98
Non Declaration:	Not providing	<input type="checkbox"/>	99

Disability, Difficulties or Health Problems					
<p>Health or medical conditions will <u>not</u> prevent you from joining our courses, but we need to ensure you are safe and appropriately supported at all times, so please complete the information fully and honestly. Do you suffer with any of the following issues? Please ✓ any conditions you have so we can make sure you are healthy and safe as possible when on our training programmes.</p>					
	✓	Code		✓	Code
Alcohol or Drug Dependency	<input type="checkbox"/>	DS97	Emotional/Behavioural Difficulty	<input type="checkbox"/>	DS6
Asthma /Respiratory	<input type="checkbox"/>	DS5	Epilepsy	<input type="checkbox"/>	DS5
Blood pressure	<input type="checkbox"/>	DS97	Hearing impairment	<input type="checkbox"/>	DS2
Dermatitis /Eczema	<input type="checkbox"/>	DS97	Heart	<input type="checkbox"/>	DS5
Diabetes	<input type="checkbox"/>	DS5	Profound complex disabilities	<input type="checkbox"/>	DS9
Temporary disability after illness (e.g. post viral or accident)	<input type="checkbox"/>	DS8	Asperger's Syndrome	<input type="checkbox"/>	DS10
Mental health e.g. anxiety, depression	<input type="checkbox"/>	DS7	Disability Affecting Mobility	<input type="checkbox"/>	DS3
Migraine	<input type="checkbox"/>	DS97	Other Physical disability	<input type="checkbox"/>	DS4
Visual impairment or colour blindness	<input type="checkbox"/>	DS1	Multiple disabilities	<input type="checkbox"/>	DS9
Not know or not providing	<input type="checkbox"/>	DS99	Other	<input type="checkbox"/>	DS97
None	<input type="checkbox"/>				
<p>Further Information relating to any disabilities or health issues, for example any medications you are taking, how it affects and what support you might need</p>					

Learning difficulties will not prevent you from joining our courses, but we need to ensure you are given the right support at all times so please complete the information fully and honestly.

DIAGNOSED LEARNING DIFFICULTIES					
Have you been diagnosed by a professional and can provide written evidence of any of the following issues? Please <input checked="" type="checkbox"/> any which are appropriate so we can make sure you are correctly supported and have an equal opportunity of success on our training programmes.					
		Code			Code
Moderate Learning Difficulty	<input type="checkbox"/>	LD1	Severe Learning Difficulty	<input type="checkbox"/>	LD2
Dyscalculia	<input type="checkbox"/>	LD11	Other specific learning difficulty	<input type="checkbox"/>	LD19
Multiple Learning Difficulties	<input type="checkbox"/>	LD90	Other	<input type="checkbox"/>	LD97
Dyslexia	<input type="checkbox"/>	LD10	Autistic Spectrum Disorder	<input type="checkbox"/>	LD20
Not Know / Not Declaring	<input type="checkbox"/>	LD99	None	<input type="checkbox"/>	
At school I had an Individual Educational Healthcare Plan /Statement				Yes <input type="checkbox"/>	No <input type="checkbox"/>
At school I received specialised support				Yes <input type="checkbox"/>	No <input type="checkbox"/>

UNDIAGNOSED LEARNING DIFFICULTIES	
Have you ever <u>thought</u> you may have learning difficulties?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
If <u>*Yes</u> state the problems you have had and which of the above learning difficulties you think apply to you (if applicable). Have you ever received specific support for these difficulties?	
<p>Interview Do you want any help or specialised support to attend an interview?</p>	

CRIMINAL RECORD	
The Rehabilitation of Offenders Act 1974 ensures ex-offenders are treated fairly and Consortia Training will embed the ethos of this policy within its student application process, therefore you are not required to disclose “spent convictions” . If you are unsure about convictions and whether you need to disclose them please contact an independent organisation for advice e.g. Citizens' Advice Centre. Consortia Training will not discriminate against applicants with a criminal record each case will be viewed impartially and openly. You should however note that some courses will require you to disclose spent convictions due their nature e.g. work with children.	
Have you any unspent convictions, been cautioned, received a reprimand, warning, or been bound over or have a conviction pending in respect of any criminal offence?	*Yes <input type="checkbox"/> No <input type="checkbox"/>
If *YES, please include as relevant: Date of caution; bind over or conviction; the court attended; the nature of offence and sentence imposed, or nature of conviction pending.	

RELIGIOUS REQUIREMENTS	
Do you have any specific religious requirements?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
If *Yes please state your requirements	

I declare that I have included all the requested information and that I have provided honest answers.

Signature	Date

Please complete this and return it to the training centre that provided the form, or where you have chosen to complete your course. You can find their address on the Consortia Training website www.consortiatraining.co.uk

If you are unsure of their details return it to the registered head office at 22 Chapelgate Retford, Nottinghamshire DN22 6PJ or phone 01777 704225, or email Consortia Training at info@consortiatraining.co.uk for further information, alternatively message us through the website www.consortiatraining.co.uk