

Application Form

Surname: _____ **First Name(s):** _____ **National Insurance No:** _____

Address: _____ **Town:** _____ **Postcode:** _____

Date of Birth: _____ **Age:** _____ **Sex:** M F

Home Tel No: _____ **Mobile No:** _____ **Email Address:** _____

Do you consider yourself to have: a disability / health problem? YES NO a learning difficulty? YES NO

Please Tick

Disability		
1	Visual impairment	
2	Hearing impairment	
3	Disability affecting mobility	
4	Other physical disability	
5	Other medical condition (e.g. Epilepsy, asthma, diabetes)	
6	Emotional/behavioural difficulties	
7	Mental health difficulty	
8	Temporary disability after illness or accident	
9	Profound complex disabilities	
10	Aspergers Syndrome	
90	Multiple disabilities	
97	Other	
99	Not know/not provided	

Learning Difficulty		
1	Moderate learning difficulty	
2	Severe learning difficulty	
10	Dyslexia	
11	Dyscalculia	
19	Other specific learning difficulty	
20	Autism spectrum disorder	
90	Multiple learning difficulties	
97	Other	
99	Not known/not provided	

Are you or have you been lawfully resident in the UK, EU or EEA for the last 3 years? YES NO

If No, please confirm where you have been resident for the last 3 years _____

Evidence seen by Training Advisor to confirm residency and eligibility _____

Copy taken YES NO

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Ethnicity

Please Tick

White		
31	English / Welsh / Scottish / Northern Irish / British	
32	Irish	
33	Gypsy or Irish Traveller	
34	Any Other White background	

Mixed / Multiple ethnic group		
35	White and Black Caribbean	
36	White and Black African	
37	White and Asian	
38	Any Other Mixed / multiple ethnic background	

Asian / Asian British		
39	Indian	
40	Pakistani	
41	Bangladeshi	
42	Chinese	
43	Any other Asian background	

Black / African / Caribbean / Black British		
44	African	
45	Caribbean	
46	Any other Black / African / Caribbean background	

Other ethnic group		
47	Arab	
98	Any other ethnic group	
99	Not provided	

Employment Details

Employment Status		
	Self Employed	
	Employed	
	Unemployed and seeking work	
	Unemployed and not seeking work	

Benefits Claimed		
1	Job Seekers Allowance (JSA)	
2	Employment Support Allowance – Work related group (ESA WRAG)	
3	Other state benefit other than JSA, ESA or Universal Credit	
4	Universal Credit	

Employer's name and address	Position	Start Date	Hours worked

Work History (This must include the previous 3 years, please include any breaks in employment and specify lengths of unemployment)

Employer	Job Title	Dates From	Dates To

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Are you currently enrolled on any other courses? YES NO

Please list all of your qualifications below (most recent first) (If you do not have any, please state 'None' in the Qualification box)

Year Achieved	Qualification	Subject	Grade Achieved

Which training programmes are you interested in?

Intermediate Apprenticeship		Advanced Apprenticeship		Employability Courses		Other	
Please give details of what you want to learn							

Data Protection Act 1998: The information you provide will be entered into our database and if you are enrolled on a training programme with Profound Group your data will be passed on to the Skills Funding Agency (which provides the funding for your training), the awarding body(s) (who will accredit your training programme) and The Data Service (who are authorised by the Department for Business, Innovation and Skills to manage all data for the Further Education sector). The information will not be used by Profound Group for any other purpose.

Next of Kin: Name: _____ **Relationship:** _____ **Tel No:** _____

Address: _____ **Postcode:** _____

I certify that the information given is correct and understand that this information may be used to determine the type of qualification offered

Signed:

Date:

OFFICE USE ONLY:

Eligibility Validated YES NO Initialled _____

H&S Vetting Required YES NO