Application Form

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| **Personal Details** |
| **Title: Mr/Miss/Ms/Other** | **Gender: Male Female**  | **Date of Birth: / /** |
| **Family Name:** |  | **Home Number:** |  |
| **First Names:**  |  | **Mobile Number:** |  |
| **Address:** |  | **Email Address:** |  |
|  |  | **Emergency Contact Name:** |  |
| **Postcode:** |  | **Emergency Contact Number:** |  |
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| **Course Applying For:** |  |
| **Reason for Course:** |  |
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| **Equality and Diversity Data – Ethnicity. I would consider myself as being – please tick** (√) |
| ASIAN OR ASIAN BRITISH – BANGLADESHI (11) |  | ASIAN OR ASIAN BRITISH – INDIAN (12) |  | ASIAN OR BRITISH – PAKISTANI (13) |  | ASIAN OR BRITISH – ANY OTHER BACKGROUND (14) |  |
| BLACK OR BLACK BRITISH – AFRICAN (15) |  | BLACK OR BLACK BRITISH – CARIBBEAN (16) |  | BLACK OR BLACK BRITISH – ANY OTHER BACKGROUND (17) |  | CHINESE (18) |  |
| MIXED – WHITE AND ASIAN (19) |  | MIXED – WHITE AND BLACK AFRICAN (20) |  | MIXED – WHITE AND BLACK CARIBBEAN (21) |  | MIXED – ANY OTHER MIXED BACKGROUND (22) |  |
| WHITE - BRITISH (23) |  | WHITE - IRISH (24) |  | MIXED – ANY OTHER WHITE BACK GROUND (24) |  | OTHER (99) PLEASE STATE: |

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| **The following information is required by Mark Betts so that we can help while you are training.****We need to know this before you start your course so that we can set up any support you may need.** |
| **DISABILITY (L15)** do you consider that you have a disability/health problem? – please tick (√) |
| VISUAL IMPAIRMENT (01) |  | HEARING IMPAIRMENT (02) |  | DISABILITY AFFECTING MOBILITY (03) |  | OTHER PHYSICAL DISABILITY (04) |  |
| ANY OTHER MEDICAL CONDITION(EG.EPILEPSY/ DIABETES/ ASTHMA) (05) |  | EMOTIONAL/ BEHAVIOURAL DIFFICULTIES (06) |  | MENTAL HEALTH DIFFICULTY (07) |  | TEMPORARY DISABILITY AFTER ILLNESS OR ACCIDENT (08) |  |
| PROFOUND/COMPLEX DISABILITIES (09) |  | ASPERGERS SYNDROME (10) |  | MULTIPLE DISABILITIES (90) |  | OTHER DISABILITY (97) |  |
| **LEARNING DIFFICULTY (L16)** do you consider that you have a learning difficulty? – please tick (√) |
| MODERATE LEARNING DIFFICULTY (01) |  | SEVERE LEARNING DIFFICULTY (02) |  | DYSLEXIA (10) |  | DYSCALCULIA (11) |  |

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| OTHER SPECIFIC LEARNING DIFFICULTY (19) (PLEASE STATE)  |  | AUTISM SPECTRUM DISORDER (20) |  |
| MULTIPLE SPECIFIC LEARNING DIFFICULTIES (90) (PLEASE STATE)  |  | OTHER (97) |  |

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| **RESIDENTIAL STATUS** HAVE YOU BEEN LIVING IN THE UK OR ANY OTHER EU/EEA COUNTRY FOR THE LAST 3 YEARS? **YES NO** |
| IF NOT, WHICH COUNTRY HAVE YOU BEEN LIVING IN FOR THE LAST 3 YEARS? PLEASE STATE:  |
| DO YOU HAVE A PRESENT VISA STAMP? IF SO PLEASE TICK (√) BELOW. |
| Work permit |  | Student Visa |  | Settlement |  |
| Refugee Status |  | Asylum seeker status |  | Discretionary leave |  |
| Dependent |  | Spouse |  | Indefinite leave to remain |  |
| Exceptional leave to remain |  | Humanitarian Protection |  |  |  |
| ISSUE DATE OF DOCUMENTS:\_\_\_\_/\_\_\_\_/\_\_\_\_\_ EXPIRY DATE OF DOCUMENTS: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ DOCUMENT NO :  |
| YOU MAY BE ASKEDTO PROVIDE PROOF OF YOUR STATUS, EG. PASSPORT/HOME OFFICE PAPERS |

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| **QUALIFICATION INFORMATION**  |
| **Please can you tell us which school/college/university you last attended. (delete as appropriate)** |
| **School/College/University:** |  |
| **Year Left/Leaving:** |  |
| IF YOU DO NOT HAVE ANY QUALIFICATIONS PLEASE TICK (√) HERE  |
| **SUBJECT** | **LEVEL(EG.GCSE)** | **RESULT/GRADE** | **DATE TAKEN** |
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| ARE YOU PLANNING OR ALREADY PARTAKING ON ANY OTHER FORM OF EDUCATION WHILST TRAINING AT MARK BETTS IF YOUR APPLICATION IS ACCEPTED.  YES NO  |
|  IF YES PLEASE GIVE DETAILS:  |
| **CURRENT EMPLOYMENT DETAILS:** |
| Employer Name: |  |
| Employer Address: |  |
| How long Employed: |  |

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| **DISCLOSURE OF CRIMINAL BACKGROUND**: rehabilitation of offenders act 1974(exceptions amendment order 1986) protection of vulnerable adults: disclosure of criminal background of those with access to children and/or vulnerable adults please give details of any prosecution for which you have been found guilty (excluding motor traffic offences) and any other cautions or reprimands. |
| **Date** | **Details of Offence** | **Sentence** |
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| **Data Protection Statement:** **Data Protection Act 1998** – the information you will provide will be passed to The Skills Funding Agency (SFA). The SFA is responsible for funding , planning and encouraging and training for young people and adults in England, and is registered under the Data Protection Act 1998.The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include , the West Yorkshire Learning Providers(WYLP), Connexions, Kirklees College, and the Colliegates and organisations performing research and statistical work on behalf of the SFA or its partners. The SFA also administers the learner registration service (lrs) which will use your information to create and maintain a unique learner number (uln).The SFA is also a co- financing organisation and uses European social funds from the European union to directly or indirectly part-finance activities, helping develop employment by promoting employability, business spirit and equal opportunities and investing in human resources. Further information about partner organisations and the uln and what they do, may be found at [www.sfa.gov.uk/providers/data/help](http://www.sfa.gov.uk/providers/data/help) and by following the links to data protection. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time learners are approached to take part in surveys by mail or phone, which are aimed at enabling the SFA and its partners to monitor performance, improve quality and plan future provision. |

 I declare that the particulars given are correct and I have not withheld any facts, which may affect my position as a learner.

Signature: Date: