

Personal Details

<u>First Name:</u>				<u>Last Name:</u>			
<u>Phone number:</u>				<u>Email:</u>			
<u>Address:</u>				<u>Postcode</u>			
<u>National Insurance:</u>							
<u>Title</u>	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Other – please specify below <input type="checkbox"/>		
<u>Gender:</u>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Non-Binary <input type="checkbox"/>	Transgender <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Other – please specify below <input type="checkbox"/>	
<u>Sexuality:</u>	Heterosexual / Straight <input type="checkbox"/>	Gay Woman / Lesbian <input type="checkbox"/>	Gay Man <input type="checkbox"/>	Bisexual <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	Prefer to self-describe <input type="checkbox"/>	Other – please specify below <input type="checkbox"/>

Ethnicity

English / Welsh / Scottish / N. Irish / British	<input type="checkbox"/>		<input type="checkbox"/>
Irish	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Gypsy or Irish Traveller	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Any other White background	<input type="checkbox"/>	Any other Asian background	<input type="checkbox"/>
White and Black Caribbean	<input type="checkbox"/>	Any other mixed/multiple ethnic background	<input type="checkbox"/>
White and Black African	<input type="checkbox"/>	African	<input type="checkbox"/>
White and Asian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>
Any other mixed/multiple ethnic background	<input type="checkbox"/>	Any other Black / African / Caribbean background	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Arab	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Learning difficulties / disabilities		
Do you consider yourself to have any learning difficulties	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider yourself to have disabilities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you suffer from headaches or migraines	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have said yes to any of the above please provide details		

Courses of Interest		
Painting and Decorating	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>
CSCS	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>
Employability	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>
Multi-skills	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>
Introduction to Dry Lining	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>
Introduction to Scaffolding	First Choice <input type="checkbox"/>	Second Choice <input type="checkbox"/>

Online capability		
Do you feel capable of completing an online training course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require any support with the digital set up for the course? (for example, help with accessing emails, logging on zoom)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have access to the internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have access to a tablet / laptop / computer to work off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need to be provided with a tablet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need to be provided with a sim card?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Eligibility – tick all that are applicable			
Aged 19 or over	<input type="checkbox"/>	Enrolled in any other college courses	<input type="checkbox"/>
Have lived in the UK for 3+ years	<input type="checkbox"/>	Receiving benefits	<input type="checkbox"/>
Have lived in the EU for 3+ years	<input type="checkbox"/>		<input type="checkbox"/>

Forms of ID – tick all that are applicable	
UK passport	Yes <input type="checkbox"/>
UK Driving License	Yes <input type="checkbox"/>
A current valid signed government issued photo driving license / passport	Yes <input type="checkbox"/>
Employee ID or work badge	Yes <input type="checkbox"/>
Military ID	Yes <input type="checkbox"/>
School ID	Yes <input type="checkbox"/>
Government issued ID card	Yes <input type="checkbox"/>
Credit / Debit Card	Yes <input type="checkbox"/>
None	Yes <input type="checkbox"/>
Other, please specify	Yes <input type="checkbox"/>

Prior Qualifications			
Please tick the box with the highest level of qualification you have achieved			
Entry level 1	<input type="checkbox"/>	Level 5 – e.g. Foundation degree	<input type="checkbox"/>
Entry level 2	<input type="checkbox"/>	Level 4 – e.g. NVQ level 4, Certificate of higher education	<input type="checkbox"/>
Entry level 3	<input type="checkbox"/>	Level 5 – e.g. Foundation degree	<input type="checkbox"/>
Other qualification below level 1	<input type="checkbox"/>	Level 6 – e.g. Bachelor's degree	<input type="checkbox"/>
Level 1 – e.g. GCSE (grades D-G), NVQ level 1, BTEC	<input type="checkbox"/>	Level 7 – e.g. Post-graduate Degree and above	<input type="checkbox"/>
Level 2 – e.g. GCSE (grades A-C), NVQ level 2	<input type="checkbox"/>	Other qualification	<input type="checkbox"/>
Level 3 – e.g. 2+ A levels, NVQ level 3	<input type="checkbox"/>	No qualification	<input type="checkbox"/>

Declaration

I can confirm that the above information is correct and completed to the best of my knowledge.

For all online courses, I can confirm that issuing of my certificate is based on the submission of my completed portfolio, to await amendments and/or tutor feedback, and that this must be submitted by the final session of the course.

Learner name:

Learner Signature:

Date:

Referral details – for office use only	
Date referred	
Referral Source	
Case Manager	

Referral Signature:

Date:
