A picture containing text

Description automatically generated

|  |  |
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| Personal Details | |
| **First Name:** | **Last Name:** |
| **Phone number:** | **Email:** |
| **Address:** | **Postcode:** |
| **National Insurance:** | **DOB:** |

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| **Title** | Mr | Miss | Mrs | | Ms | | Other – please specify below | | | | | |
|  | | | | | |
| **Gender:** | Male | Female | Non-Binary | | Transgender | | | | Prefer not to say | | Other – please specify below | |
|  | |
| **Sexuality:** | Heterosexual / Straight | Gay Woman / Lesbian | | Gay Man | | Bisexual | | Prefer not to say | | Prefer to self-describe | | Other – please specify below |
|  |

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| --- | --- | --- | --- |
| Ethnicity | | | |
| English / Welsh / Scottish / N. Irish / British |  |  |  |
| Irish |  | Bangladeshi |  |
| Gypsy or Irish Traveller |  | Chinese |  |
| Any other White background |  | Any other Asian background |  |
| White and Black Caribbean |  | Any other mixed/multiple ethnic background |  |
| White and Black African |  | African |  |
| White and Asian |  | Caribbean |  |
| Any other mixed/multiple ethnic background |  | Any other Black / African / Caribbean background |  |
| Indian |  | Arab |  |
| Pakistani |  | Prefer not to say |  |

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| Eligibility – tick all that are applicable | | | |
| Aged 19 or over |  | Enrolled in any other college courses |  |
| Have lived in the UK for 3+ years |  | Receiving benefits |  |
| Have lived in the EU for 3+ years |  |  |  |

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| Learning difficulties / disabilities | | | |
| Do you consider yourself to have any learning difficulties | | Yes | No |
| Do you consider yourself to have disabilities | | Yes | No |
| Do you suffer from headaches or migraines | | Yes | No |
| If you have said yes to any of the above please provide details |  | | |

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| Courses of Interest | | |
| Painting and Decorating | First Choice | Second Choice |
| CSCS | First Choice | Second Choice |
| Employability | First Choice | Second Choice |
| Multi-skills | First Choice | Second Choice |
| Introduction to Dry Lining | First Choice | Second Choice |
| Introduction to Scaffolding | First Choice | Second Choice |

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

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

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

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: