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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[ ]  |
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| **Gender:**  | Male[ ]  | Female [ ]  | Non-Binary[ ]  | Transgender [ ]  | Prefer not to say [ ]  | Other – please specify below[ ]  |
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| **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:

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

Referral Signature:

Date: