



## APPLICATION FORM

Course Required:		Level	
Funding Route:	Apprenticeship	Traineeship	Commercial/Private

PERSONAL DETAILS					
Forenames:			Surname:		
Mr/Mrs/Ms/Miss (Please circle title)		Address:			
Mobile:		Email:			
Date of Birth:		Age:		Gender: M / F	
Preferred Method of Contact:		SMS	Email	Telephone	Text
National Insurance Number:					
Next of Kin/Parent/Guardian Details					
Contact Name:					
Contact Number:					
LLDD and Health Problems					
Do you consider yourself to have a long-term disability, health problem or any learning difficulty?				YES	NO
If 'YES' please state type:					

Ethnicity:					
31 English/Welsh/Scottish/ Northern Irish/British		37 White and Asian		43 Any other Asian Background	
32 Irish		38 Any other Mixed/Multiple ethnic Background		44 African	
33 Gypsy or Irish Traveller		39 Indian		45 Caribbean	
34 Any Other White Background		40 Pakistani		46 Any other Black/ African/Caribbean Background	
35 White and black Caribbean		41 Bangladeshi		47 Arab	
36 White and black African		42 Chinese		98 Any other ethnic group	

Education/Qualifications: (Please choose your highest qualification achieved and provide certificates)							
None		5GCSE A-C or 4-9		5 'O' level Passes		Key Skills Level 1/2	
NVQ 2		1 A Level		BTECH 1 <sup>st</sup> Diploma		Functional Skills 1/2	
NVQ 3		2 AS Levels		HND/HNC		Literacy Level 1/2	
NVQ 4		5 CSE Grade 1		Degree		Numeracy Level 1/2	
Please state any other qualifications achieved not listed above:							
1.				2.			



**EMPLOYER DETAILS**

Company Name: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Line Manager: \_\_\_\_\_

Line Manager Email: \_\_\_\_\_

Job Role/Title: \_\_\_\_\_ Length of experience: \_\_\_\_\_

Start Date: \_\_\_\_\_ Contracted hours of employment: \_\_\_\_\_

Main Responsibilities: \_\_\_\_\_

DBS Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Do you have a contract of employment? Y/N Do you have broadband access at work? Y/N

**Funding Eligibility:** Learners who are funded must have the legal right to be resident in the United Kingdom at the start of their programme and proof of eligibility may be required.

Are you a British Citizen, do you have Indefinite Leave to enter or remain or right of Abode? Y/N

Have you been resident in the UK/EEA for the last 3 years? Y/N  
Country of residence for last 3 years or more.

Do you have the right to work in England? Y/N Are you attending any other funded courses? Y/N

Please tick which of the following statements apply (one or more may apply):

<input type="checkbox"/>	No member of the household in which I live (including myself) is employed
<input type="checkbox"/>	The household that I live in includes only one adult (aged 18 or over)
<input type="checkbox"/>	There are one or more dependent children (aged 0-17 years or 18-24 If full time student or inactive) in the household
<input type="checkbox"/>	None of these statements apply
<input type="checkbox"/>	I can confirm that I wish to withhold this information

**Data Protection Statement:** At Care Learning Centre we take your privacy seriously and will only use your personal information to administer your account and to provide the services you have requested from us. CLC will not pass on your personal information to any other organisation for marketing or sales purposes. However, from time to time we would like to contact you for surveys/research or with details of other learning opportunities/courses we can offer you. If you consent to us contacting, you for this purpose please tick to say how we can contact you.

Email	<input type="checkbox"/>	Post	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Text	<input type="checkbox"/>	Do not contact	<input type="checkbox"/>
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**Declaration:** I understand that my course may be part-financed by the European Union through the European Social Fund (ESF). The ESF supports activities to extend employment opportunities and develop a skilled workforce. The details you supply will be shared with the Education & Skills Funding Agency (ESFA) for purposes relating to education and training and to issue a Unique Learner Number (ULN).

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to: Care Learning Centre, Registered/Head Office: Suite 8, The Courtyard, St Cross Business Park, Monks Brook, Newport, IOW PO30 5BF - Tel: 01983 533993 website: [www.clcentre.co.uk](http://www.clcentre.co.uk) Email: [jo@clcentre.co.uk](mailto:jo@clcentre.co.uk)

For Office Use: Eligibility of applicant/ employer checked  
Course: \_\_\_\_\_ Funding: \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_

