

Focus Training (SW) Ltd.

Focusing On Your Future



LEARNER APPLICATION FORM

Sign up Date ____/____/____

Time of sign up ____/____

Form issued by: _____

Please complete this application form fully using Black Ink and Block Capitals. *Please delete as appropriate.

PERSONAL DETAILS

Mr/Mrs/Miss/Ms:	Surname:	
First Name(s):		
Permanent Address:		
Postcode:	Telephone No:	
Mobile No:		
Email:	No. of Dependents:	
Age:	Place of Birth:	Date of birth:
Nationality:	National Insurance No:	
Details of Next of Kin – Name:		
Address (if different from above):		
Telephone No:	Relationship:	

DO YOU HAVE PERMISSION TO WORK IN THE UK? YES / NO / NOT APPLICABLE*

In line with Home Office guidance on the prevention of illegal working, we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK.

EDUCATION & QUALIFICATIONS

Qualifications gained, grades & DATES:

School, College Location	Qualifications gained, grades & DATES:

Attendance on any other courses – e.g. IT; First Aid; Duke of Edinburgh, etc.

School, College Location

Qualifications gained, grades (NVQ) & DATES:

Are you able to produce your certificates upon request

YES / NO

Additional information relating to schooling and college etc:

Did you receive any additional learning support whilst in attendance?	YES	NO
Were you ever excluded or suspended?	YES	NO

If 'YES' please provide details:

EMPLOYMENT STATUS

Employed No. of hours worked: Self-employed Volunteer Temp Unemployed

Length of employment:

Please indicate if your hours worked are:

Days Evenings Weekends

EMPLOYER DETAILS

Company Name:

Name of Contact:

Address:

Postcode:

Telephone No:

E-mail Address:

What is your job title?

How long with this employer?

What jobs and responsibilities do you have on a regular basis?

Occupational choice and why you chose this type of work?

PAST EMPLOYMENT

Please provide details of all your previous work experience, casual, part time, evening or Saturday jobs and voluntary work.

Name and address of employer

What work was involved?

Career Area of Interest (e.g. Retail, Hospitality etc):

Hobbies and Interests;

Do you possess a Driving Licence?

Yes / No

Do you own a car?

Yes / No

EQUALITY / DIVERSITY MONITORING

The following questions are necessary to assist Focus Training in monitoring its Equality and Diversity Policy. Please tick the appropriate box:

1. Gender MALE FEMALE

2. Ethnic Monitoring: please tick the appropriate box to indicate your cultural background.

LSC Code (Internal Use)		Decline to Answer	
<input type="checkbox"/> 11	Asian or Asian British – Bangladeshi	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 12	Asian or Asian British – Indian	<input type="checkbox"/>	
<input type="checkbox"/> 13	Asian or Asian British – Pakistani	<input type="checkbox"/>	
<input type="checkbox"/> 14	Asian or Asian British – any other Asian background	<input type="checkbox"/>	
<input type="checkbox"/> 15	Black or Black British – African	<input type="checkbox"/>	
<input type="checkbox"/> 16	Black or Black British – Caribbean	<input type="checkbox"/>	
<input type="checkbox"/> 17	Black or Black British – any other Black background	<input type="checkbox"/>	
<input type="checkbox"/> 18	Chinese	<input type="checkbox"/>	
<input type="checkbox"/> 19	Mixed – White and Asian	<input type="checkbox"/>	
<input type="checkbox"/> 20	Mixed – White and Black African	<input type="checkbox"/>	
<input type="checkbox"/> 21	Mixed – White and Black Caribbean	<input type="checkbox"/>	
<input type="checkbox"/> 22	Mixed – any other Mixed background	<input type="checkbox"/>	
<input type="checkbox"/> 23	White – British	<input type="checkbox"/>	
<input type="checkbox"/> 24	White – Irish	<input type="checkbox"/>	
<input type="checkbox"/> 25	White – any other White background	<input type="checkbox"/>	
<input type="checkbox"/> 98	Any other	<input type="checkbox"/>	
<input type="checkbox"/> 99	Not known / not provided	<input type="checkbox"/>	

Have you any circumstances, which might affect training or work? (Including cultural, religious or personal holidays, etc):

HEALTH QUESTIONNAIRE

Do you have, or have you ever suffered from any of the following. If 'YES' please give details.

LSC Code (Internal Use)

Decline to

Answer

01	Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>
02	Hearing impairment	<input type="checkbox"/>	
03	Disability affecting mobility (e.g. back problems)	<input type="checkbox"/>	
04	Other physical disability (e.g. heart problems)	<input type="checkbox"/>	
05	Other medical condition (e.g. epilepsy, asthma, heart problems, diabetes)	<input type="checkbox"/>	
06	Emotional / behaviour difficulties	<input type="checkbox"/>	
07	Mental ill health (e.g. depression)	<input type="checkbox"/>	
08	Temporary disability after illness or accident (e.g. post- viral)	<input type="checkbox"/>	
09	Profound complex disabilities	<input type="checkbox"/>	
90	Multiple disabilities	<input type="checkbox"/>	
97	Other (e.g. high blood pressure, migraine)	<input type="checkbox"/>	

Have you been registered disabled? **YES** **NO**

I declare that my answers are true to the best of my knowledge, and that the information has been given freely. I understand that this information will not form or be used as part of any decision making process.

Applicant Signature: _____ **Date:** _____

DATA PROTECTION

The information that you provide on this form will be used by Focus Training to provide you with training towards a work-based qualification. In providing this service to you, you consent to your personal data being included on a computerised database and also to Focus Training transferring your personal details, if required, to qualification funding bodies, e.g. Learning Skills Council; Cornwall College etc.

Please return to: Focus Training (SW) Ltd, Suite B, Valley House, Valley Road, Plympton, Plymouth PL7 1RF

Tel: 01752 348 980
Fax: 01752 348 985

Free phone: 0800 0855 912
Email: admin@focus4training.co.uk

Please tell us where or how you heard about Focus Training:

For internal use only – outcome of application: