

Please use BLOCK CAPITALS in blue or black ink, tick where appropriate

## Personal Details

<b>Title:</b>		<b>Forenames:</b>											
<b>Middle names:</b>													
<b>Surname:</b>													
<b>Date of Birth:</b>	D	D	/	M	M	/	Y	Y	<b>Gender:</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	
<b>Home address:</b>													
<b>County:</b>									<b>Postcode:</b>				
<b>NI Number:</b>							<b>ULN:</b>						
<b>Primary phone number:</b>													
<b>Email:</b>													
<b>@</b>													
<b>Emergency contact</b>	If you are aged 16-18, your emergency contact needs to be either your Parent, Guardian or Carer.												
<b>Name of emergency contact:</b>													
<b>Relationship to you:</b>													
<b>Emergency contact number:</b>													

## Nationality & Ethnic Origin

<b>Nationality:</b>												
<b>Ethnic Origin:</b>	Put a cross (x) in the relevant box.											
<b>White</b> English/Welsh/Scottish/N.Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other white background <input type="checkbox"/>	<b>Asian</b> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian Background <input type="checkbox"/>	<b>Other ethnic group</b> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/>										
<b>Mixed</b> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/Multiple Ethnic Background <input type="checkbox"/>	<b>Black</b> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean /Background <input type="checkbox"/>											
<b>First language:</b>												

<b>Support</b>	We are committed to supporting people with learning difficulties, disabilities, mental health or other support needs.
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Do you need assistance during an emergency evacuation of the building? Yes  No

Do you have an Education Health Care Plan? Yes  No  Do you have a Learning Difficulty Assessment? Yes  No

Put 1 for your main difficulty or disability, 2 for other difficulties or disabilities.

**Learning difficulty, disability or health problem**

Visual impairment <input type="checkbox"/>	Severe learning difficulty <input type="checkbox"/>	Other specific learning difficulty (e.g. Dyspraxia) <input type="checkbox"/>
Hearing impairment <input type="checkbox"/>	Dyslexia <input type="checkbox"/>	Other medical condition (e.g. epilepsy, asthma, diabetes) <input type="checkbox"/>
Disability affecting mobility <input type="checkbox"/>	Dyscalculia <input type="checkbox"/>	Other learning difficulty <input type="checkbox"/>
Profound complex disabilities <input type="checkbox"/>	Autism spectrum disorder <input type="checkbox"/>	Other disability <input type="checkbox"/>
Social and emotional difficulties <input type="checkbox"/>	Asperger's syndrome <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Mental health difficulty <input type="checkbox"/>	Temporary disability after illness (e.g. post viral) or accident <input type="checkbox"/>	None <input type="checkbox"/>
Moderate learning difficulty <input type="checkbox"/>	Other physical disability <input type="checkbox"/>	
Speech, language and communication needs <input type="checkbox"/>		

**Prior Qualifications** Please enter your recent qualifications (including Maths and English) below. Otherwise put a (x) in the relevant box beside 'No qualifications'.

English, Maths & ICT Qualifications			
Subject	Type	Grade/Level	Office checked
English			
Maths			
ICT			

Highest Qualifications			
Type/Level	Subject	Grade	Office checked

No qualifications  Checked by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Previous school, college or university: \_\_\_\_\_

Course(s) applied for: \_\_\_\_\_

Enrolment information	Start date						Expected end date					
			/			/			/			/
			/			/			/			/
			/			/			/			/
			/			/			/			/
			/			/			/			/
			/			/			/			/
			/			/			/			/

**Employer's Details** To be completed by your employer.

Employer/Company name: \_\_\_\_\_

Learner's Job Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Phone no. \_\_\_\_\_

Manager/Supervisor name: \_\_\_\_\_ Position: \_\_\_\_\_

Email: \_\_\_\_\_

How long has this applicant been working at your organisation? \_\_\_\_\_ Years \_\_\_\_\_ Months

Average working hours: Less than 16 hours  17-29 hours  30 or more hours

Are you a Levy payer? Yes  No  Employer ID (office use only) \_\_\_\_\_

I confirm that the above named applicant is an employee of this company, holds a contract of employment and is eligible to work in the UK. I agree to pay the fee for this programme as indicated by the assessor on this form. Any initial exemption to fees is subject to further assessment.

Employer's signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

**Household Situation** Put a cross (x) in the relevant box.

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

No household member is in employment and the household includes one or more dependent children No household member is in employment and the household does not include any dependent children Learner lives in a single adult household with dependent children None of these statements apply I confirm that I wish to withhold this information Are you or have you ever been living in care, or being looked after by a carer? Yes  No **Residency status** You will be asked to provide evidence. Put a cross (x) in the relevant boxes.**Country of residence for the last three years:****If you have not lived in the UK, EU or EEA for the last three years, on what date did you enter the UK?**

D D / M M / Y Y

**Are you a refugee?**Yes No **Are you in the UK with a visa?**Yes No **If yes, what type of visa?**

Do you have one of the following types of leave to enter or remain? (Put a cross (x) in the relevant box)

Discretionary leave  Exceptional leave  Humanitarian protection  Indefinite leave **Are you an asylum seeker?**Yes No **If yes, when did you apply for asylum?**

D D / M M / Y Y

**Are you receiving asylum support?**Yes No 

If you are a non-EEA national and you are a family member or spouse of someone who is legally a resident in the UK, please give details of their legal status and length of residence in the UK.

**Residency assessment**

Interviewer to record details of supporting residency documentation here and notes.

**Document type (passport, EU citizen ID card, UK Birth Certificate, UK Border Agency Documents, etc.)****Document reference:****Visa type:****UK Visa reference:****Valid from:**

D D /

M M /

Y Y

**Valid until:**

D D /

M M /

Y Y

Other residency documentation and notes:

**Status:**Home Overseas Ineligible **Fees due will be paid by:**No fees due Learner Sponsor (inc employer) Student Loans Company **Fee assessor's name:****Fee assessor's signature:****Date of signature:****Criminal Convictions**Do you have any relevant unspent criminal convictions? Yes  No 

Relevant means offences against the person, whether of a violent or sexual nature, and convictions involving unlawful supplying or possession of controlled drugs or substances. If you declare that you have a conviction, you will be asked to complete a separate information sheet. This is to help us assess any potential risk to yourself or others. Having a criminal record will not necessarily prevent you studying. This will depend on the course you choose and the circumstances of the offence. If you do not disclose a relevant conviction, which is ultimately discovered, this could result in you being excluded.

## Learning Agreement and Declaration

### How we use your personal information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information may be shared with third parties for education, training, employment and well-being purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection Act 1998. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training. You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

About courses/learning opportunities  For surveys and research  By post  By phone  By email

For more information about how your information is processed and shared, refer to the Extended Privacy Notice available on Gov.UK.

**I confirm that I have received sufficient guidance from TrainPlus about:** the choice of courses available to me; course entry requirements; my suitability for the course; the financial and learning support available to me, as appropriate. I understand TrainPlus reserves the right to amend course arrangements as published.

**I agree to abide by TrainPlus' policies and procedures, Learner Code of Conduct (available at enrolment) and, where relevant, the Higher Education Student Contract.** I understand any breaches of these may result in disciplinary action being taken against me and my learning agreement terminated.

**I understand that it is my responsibility to pay the fees for my course(s) unless I meet the concessionary criteria or have funding from another source.** I accept that where it has been agreed that I may pay my fees by instalments, I shall make payments due in full and on time, and that TrainPlus will pursue late or non-payment of fees. Except in respect of death or personal injury caused by TrainPlus' negligence, TrainPlus' total liability to me, whether in contract, tort, negligence, breach of statutory duty or otherwise, shall not exceed the amount of fees paid to TrainPlus by me or on my behalf of in the academic year in which the circumstances leading to my claim arise. I understand if I need more details about TrainPlus' Fees Policy, I can request them from TrainPlus.

**I formally accept the learning programme specified on this form and confirm that all the information supplied on this form is correct.** I understand if I have declared false information TrainPlus will take action against me to reclaim course fees and any associated costs. I give my consent to TrainPlus to record and process the information contained in this form where TrainPlus complies with its obligations under the Data Protection Act 1998.

### Signature Of Applicant

I certify that to the best of my knowledge the above information is true and correct. I consent to TrainPlus and their training partners holding and using the information in this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Returning This Application

**When completed, this form and all enclosures should be posted to:**

Admissions,  
TrainPlus Ltd,  
73a High Street,  
Wickford,  
Essex  
SS12 9AQ

### Further Information

**For further information or help completing this form please contact us on:**

Phone: 01268 574299

E-Mail: [info@TrainPlus.co.uk](mailto:info@TrainPlus.co.uk)