Somerset
Skills & Learning

SOMERSET County Council

Apprenticeship Application & Learner Agreement 2011/12

Learner Name

Unique Learner Number

ypla Young People's Learning Agency

Apprenticeships

Positive About Disabled People

Funded by Skills Funding Agency

the data service

European Union
European Social Fund
Investing in jobs and skills

Somerset Skills & Learning - Apprenticeship Application & Learner Agreement 2011/12

PERSONAL DETAILS

Title: ❑ Mr ❑ Mrs ❑ Miss ❑ Ms ❑ Other (Please Specify) _____ ❑ Male ❑ Female

NI Number: ☐☐ ☐☐ ☐☐ ☐☐ ☐ Date of Birth: ☐☐ ☐☐ ☐☐☐☐

All Forenames:_____

Surname / Family Name:_____

Address Line 1_____

Address Line 2_____

Town:_____County:_____

Postcode: ☐☐☐☐ ☐☐☐ If you have lived here less than 3 years, please provide your previous postcode ☐☐☐☐ ☐☐☐

Telephone No:_____ Mobile:_____

Email address:_____

UNIQUE LEARNER NUMBER INFORMATION

Preferred First Name:_____ Family Name at 16:_____

Name of Last School/College:_____ Date of Leaving:_____

Place of Birth: _____

EMERGENCY CONTACT DETAILS

Contact Name:_____

Contact number:_____Relationship to you:_____

ETHNICITY

White

❑ English / Welsh / Scottish / Northern Irish / British
❑ Irish
❑ Gypsy or Irish Traveller
❑ Any other White Background

Mixed Multiple Ethnic Group

❑ White & Black Caribbean
❑ White & Black African
❑ White & Asian
❑ Any other mixed background

Asian / Asian British

❑ Indian
❑ Pakistani
❑ Bangladeshi
❑ Any other Asian background

Black / African / Caribbean / Black British

❑ African
❑ Caribbean
❑ Any other Black / African / Caribbean Background

Other Ethnic Group

❑ Arab
❑ Any other Ethnic Group

LEARNER SUPPORT

Do you consider yourself to have a Disability/Health Problem?

❑ None ❑ Visual Impairment ❑ Hearing Impairment ❑ Disability affecting Mobility ❑ Other Physical Disability
❑ Emotional/Behavioural Difficulties ❑ Mental Health Difficulty ❑ Other Medical (eg: epilepsy, asthma, diabetes)
❑ Profound Complex Disabilities ❑ Aspergers Syndrome ❑ Temporary Disability after illness or accident ❑ Other

Do you consider yourself to have a Learning Difficulty?

❑ None ❑ Moderate ❑ Severe ❑ Dyslexia ❑ Dyscalculia ❑ Other Specific
❑ Autistic Spectrum Disorder ❑ Other

CURRENT EMPLOYER DETAILS *(if applicable)*

Employer Name: _____

Contact Name: _____ Telephone: _____

Your Job Title: _____ Work Hours p/w: _____

OTHER INFORMATION

Please outline your reasons for wishing to undertake an Apprenticeship and what you hope to gain:

Please also state which Occupational Area you are interested in

Please write a few words about your hobbies and interests:

Do you have your own personal transport (eg: car, motorbike or bicycle) ❑ Yes ❑ No

If yes, please state what type of transport: _____

Do you have regular access to any of the following:

❑ Computer (ie: PC, Laptop, Netbook) ❑ Tablet Computer (ie: IPAD, Playbook) ❑ Smart Phone (iPhone, Blackberry)

REFEREE DETAILS (Not required if current employment is relevant to your apprenticeship application)

School/College Referee

Name: _____ Job Title: _____

Address: _____

Town: _____ Post Code: ☐☐☐☐ ☐☐☐

Telephone: _____

Work Employment/Experience

Name: _____ Job Title: _____

Address: _____

Town: _____ Post Code: ☐☐☐☐ ☐☐☐

Telephone: _____

HOW DID YOU FIND OUT ABOUT SS&L

❑ SS&L Publication ❑ Website ❑ Career Fair/Event ❑ Radio ❑ Advert ❑ School Presentation ❑ Friend/Relative

❑ Facebook ❑ Twitter ❑ YouTube ❑ Teacher/Careers Service Advisor ❑ Other - Please state

STATUS

Nationality: _____ Country(ies) resided in during past 3 years: _____

If you have not been resident in the EU for the past three years, please give date of entry to the EU (confirmation of residency) ☐☐ ☐☐ ☐☐

Immigration Status ❑ Asylum Seeker ❑ Refugee ❑ Right of Abode/Indefinite Leave to Remain or Enter

Please tick any box that applies ❑ Exceptional Leave to Remain/Enter ❑ Humanitarian Protection/Discretionary Leave

QUALIFICATIONS - List all qualifications gained or to be taken

❑ TICK HERE IF NO QUALIFICATIONS

FULL TITLE OF SUBJECT/ QUALIFICATION	TYPE & LEVEL eg: BTEC First, GCSE, A Level or NVQ L2	GRADE Predicted	GRADE Actual	Achieved Date or Year

DATA PROTECTION CONSENT TO PROCESS DECLARATION

I agree to Somerset Skills & Learning (SS&L) & Somerset County Council (SCC) processing personal data contained in this form or any other data which SS&L may obtain from me or other people. I agree to the processing of such data for any legal purposes connected with my learning or my Health & Safety whilst on the premises or for any other legitimate reason.
I understand that, if my application is unsuccessful or I withdraw prior to starting the programme, the information provided will be retained by SS&L for a period of one year from the date of application.

I confirm that all the information given is true, complete and accurate

Signature: _____ Date: _____ / _____ / _____

APPLICATION CHECK LIST - Please check that you have:-

❑ Checked and Signed this form ❑ Provided full details of referee(s)

❑ Attached copies of certificates achieved to date (if applicable)

RECRUITMENT TEAM USE ONLY

❑ Eligibility checked for Funding Signature: _____

Learner Identity Provided: ❑ None ❑ Exam Certificates ❑ National Insurance Card ❑ Driving Licence ❑ Passport

❑ ID Card ❑ Benefits Documentation ❑ Credit/Debit Card ❑ Other - please specify

MIS USE ONLY Prior Attainment Level ON ORIGINAL ENROLMENT with SS&L

❑ Entry Level ❑ Other below ❑ L1 ❑ L2 ❑ L3 ❑ L4 ❑ L5 & Above ❑ No Qualifications