



ULN:

WORK-BASED LEARNING APPRENTICESHIP APPLICATION FORM

Please complete all sections in **BLOCK CAPITALS** and **BLACK INK** in your own handwriting (tick where appropriate).

Return to:

Apprenticeship Department, University Academy Holbeach, Park Road, Holbeach, Lincs PE12 7PU
Tel: 01406 423042 ext 327

Apprenticeship applied for

Apprenticeship Title	Year to commence

How did you hear about us?

- Careers advisor Employer National Apprenticeship Website
 Newspaper Friend Another Apprentice
 Other (please specify)

Personal Details

Surname Title

Forenames Preferred name

Postal Address

Postcode Country

Daytime tel (inc area code) Evening tel (inc area code)

Mobile Email

Date of Birth Age on 31st August
(in proposed year of commencement)

Place of Birth Nationality

Gender Female Male National Insurance No

Ethnic Origin

- | | | | |
|---------------------------------------|--------------------------|------------------------------------|--------------------------|
| 11 Asian/Asian British - Bangladeshi | <input type="checkbox"/> | 19 Mixed – White | <input type="checkbox"/> |
| 12 Asian/Asian British - Indian | <input type="checkbox"/> | 20 Mixed – White and Black African | <input type="checkbox"/> |
| 13 Asian/Asian British - Pakistani | <input type="checkbox"/> | 21 Mixed – White & Black Caribbean | <input type="checkbox"/> |
| 14 Asian/Asian British – other | <input type="checkbox"/> | 22 Mixed – Other mixed background | <input type="checkbox"/> |
| 15 Black or Black British – African | <input type="checkbox"/> | 23 White – British | <input type="checkbox"/> |
| 16 Black or Black British – Caribbean | <input type="checkbox"/> | 24 White – Irish | <input type="checkbox"/> |
| 17 Black or Black British – other | <input type="checkbox"/> | 25 White – any other | <input type="checkbox"/> |
| 18 Chinese | <input type="checkbox"/> | 98 Any other | <input type="checkbox"/> |

Additional Social Needs Assessment	Have you had any recent or current offending behaviour;	Y/N
	Have you had any poor or erratic attendance during the last year of education, exclusion from school or no record of school;	Y/N
	Do you have an unsupportive or unsupported home environment (including care leavers and carers);	Y/N
	Do you have any significant problems with confidence or self-esteem;	Y/N
	Do you have any significant problems with motivation or attendance (on a programme);	Y/N
	Do you have any attitude or behaviour problems (including losing a placement because of this);	Y/N
	Do you have any drug or alcohol problems	Y/N
	Do you have any significant problems with communication and interaction;	Y/N
Are you a single parent with particular difficulties finding time to learn.	Y/N	

Learning difficulties/Disabilities

I have:

- 01 Visual Impairment
- 02 Hearing Impairment
- 03 Disability affecting mobility
- 04 Other physical disability
- 05 other medical condition (epilepsy, asthma, diabetes)
- 06 Emotional/behavioural difficulties
- 07 Mental health difficulty
- 08 Temporary disability after illness (eg post-viral) or accident
- 09 Profound complex difficulties
- 10 Aspergers syndrome
- 90 Multiple disabilities
- 97 Other
- 98 No disability

If you ticked any YES box, please state what we can do to assist you with your needs:

I agree that information about my disability/special need may be passed to the relevant college staff and/or my employer to arrange support (please tick) Yes No

Employment details

Do you already have/or been offered a full time job with an employer willing to support your training?

Yes No

If Yes please provide employers name, address and telephone number

Name of Company:

Postal Address

A23 Postcode

Tel No:

(for office use only to be completed only when employment secured)

A44 Employer Identifier

A66 Employment status on day before starting learning	01 Employed	04 Unemployed
	02 Full time education	07 14-19 NEET
	03 Self Employed	
A67 Length of unemployment before starting	01 Less than 6 months	04 24-35 months
	02 6-11 months	05 over 36 months
	03 12-23 months	99 not unemployed

Education details

Name and address of current or last school or college attended

Date of leaving or due to leave

Qualifications

GCSE's

Grade

Year of Certification

Mathematics

English Language

English Literature

Science

Other GCCE's (please list)

Other Qualifications e.g. NVQ's, GNVQ, Diploma's, 1st Aid, Health and Safety etc

Criminal Convictions

Have you ever been convicted of a criminal offence which is not spent under the Rehabilitation of Offenders Act 1974?

Yes No

Do you have any previous convictions, whether or not they are "spent" within the ACT, including any cautions, reprimands, final warnings, bind-over or any convictions from overseas?
If Yes, Please give details

Yes No

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Work Experience

Please state any work experience you have had whether paid or unpaid and including any work experience you have had through school or college.

Employer	From	To	Job Title and Responsibilities

Why have you chosen to apply for this apprenticeship?

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What would you say are your main strengths are?

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What would you say your areas for development are?

If you are seeking assistance with finding suitable employment for your apprenticeship please complete the next section

References

Please give contact details of two individuals who have agreed to provide references if you are seeking assistance to find employment for your apprenticeship. (i.e. tutor, previous employer, someone you have known for at least 3 years)

Name	Name
full postal address	full postal address
Tel no	Tel no

Please indicate area(s) you are able to travel to and how you would get to work

Interests/Achievements	Do you drive?
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Declaration

I believe that the information provided is correct to the best of my knowledge.

Signature	Date
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ELIGIBILITY CHECKLIST

Name

All of the statements below, where applicable, must be completed to prove eligibility on to a funded apprenticeship sponsored by the Learning and Skills Council. If you are unable to confirm any of the points below please discuss further when you are invited to interview.

DETAILS	✓
I am not attending school or FE College full time as a pupil or student	
I am not in full time Higher Education including vacation periods	
I have lived in the UK for a minimum of 3 years	
I am not an overseas national, if so I have evidence of a permanent National Insurance number or proof of eligibility	
I am not a graduate	
I am not on the New Deal programme or any other government funded programme	
I work more than 16 hours per week	
I have not been on an Apprenticeship or Advanced Apprenticeship previously OR	
I confirm that I have previously received training on an apprenticeship/advanced apprenticeship In(name of programme) At(provider name)	
I am not in custody as a prisoner or on remand in custody	

To be completed at sign up to programme

<p>I confirm that the above details are correct: (learner signature)</p>
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How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office.

The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA.

The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations.

The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN).

Further information about use of and access to your information is available at: Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm>

YPLA: <http://www.ypla.gov.uk/foi.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

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Tick this box if you do not wish to be contacted in respect of surveys and research by mail or phone. **L27a**

Tick this box if you do not wish to be contacted about courses or learning opportunities by post.
L27b



INTERVIEWER TO COMPLETE

INITIAL ASSESSMENT

Category	Assessment Tool / Evidence	Assessment Date
Motivation and Commitment		
Personality and Attitude		
Aptitude		
Basic Skills		
Occupational Awareness		
BKSB Results	English: _____ Maths: _____	

Result: Offer Place on Apprenticeship Programme

Not suitable for apprenticeship but offer of fulltime course in 6th form

Not suitable for either of the above offer foundation tier in 6th form

Interviewer: _____


FOR OFFICE USE ONLY
START INFORMATION

ULN		ASSESSOR	
ERN		REVIEWS	8 WEEKS / 12 WEEKS (SELECT AS APPROPRIATE)

Start Date	Planned End Date	Apprenticeship Framework (including Level):	Frame work code
Entry Route (circle)	03 – Progress to AMA from FMA 07 – Transfer from other provider (same programme) 09 First Time Entrant		
Reason for funding (circle)	01 - 16-18 fully funded	32 - 19+ co-funded	Other: (specify from ILR specifications) Fee taken
	Qualification Title	Qualification No	Total Credits Main Delivery Method (circle)
Main Aim			01 Class content 02 Open Learning 03 Distance learning 04 APL 05 E Learning 24 Workplace
Tech Certificate (if applicable)			01 Class content 02 Open Learning 03 Distance learning 04 APL 05 E Learning 24 Workplace
Functional/ Key Skills)			01 Class content 02 Open Learning 03 Distance learning 04 APL 05 E Learning 24 Workplace
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