

APPLICATION FORM



PLEASE COMPLETE ALL FIELDS AS INDICATED

PERSONAL INFORMATION

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FULL NAME

ADDRESS

POST CODE

DATE OF BIRTH

MOBILE

HOME PHONE

EMAIL

GENDER

FEMALE

MALE

N.I. NUMBER

MARITAL STATUS

CIVIL PARTNERSHIP

WIDOWED

MARRIED

SINGLE

PROGRAMME APPLIED FOR Choose from our selection of courses below



CAREER PATHWAYS



HEALTH & SOCIAL CARE



CHILDCARE



DENTAL NURSING



CUSTOMER SERVICE

EDUCATION Please provide us with the details of your education and leaving date LEAVE DATE

SCHOOL

COLLEGE

TRAINING PROVIDER

EDUCATION (SUBJECTS)

Please list any subjects/courses studied or to be taken: GCSE, Key Skills, Functional Skills, NVQ, Technical Certificate, GNVQ, QCF etc. and enter Grade/Level if known.

SUBJECT

LEVEL/GRADE

DATE ACHIEVED

PERSONAL INTERESTS/ACHIEVEMENTS/WORK PLACEMENTS

EMPLOYMENT

If you are, or have been, employed please provide your employer's name and address

WHAT KIND OF WORK WOULD YOU LIKE TO DO, AND WHY?

Note: Some employers require learners and employees to be police checked through the Disclosure & Barring Service. Your interviewer will tell you if this is the case. A criminal record will not necessarily prevent you from obtaining a place with Shape.

In order to monitor the effectiveness of this organisation's Equality and Diversity Policy, we would be grateful if you would supply the following information. This information will NOT be used in any selection process and strict confidentiality will be maintained.

GENDER

FEMALE

MALE

TRANSGENDER

PREFER NOT TO SAY

AGE GROUP

16 - 24

25 - 34

35 - 44

45 - 54

55 - 64

65+

ETHNIC ORIGIN

ASIAN / ASIAN BRITISH / ASIAN
SCOTTISH / ASIAN WELSH

BANGLADESHI

CHINESE

INDIAN

PAKISTANI

OTHER ASIAN

PROVIDE ANY DETAILS OF
YOUR ETHNIC ORIGIN BELOW

BLACK / BLACK BRITISH / BLACK
SCOTTISH / BLACK WELSH

AFRICAN

CARIBBEAN

OTHER BLACK

OTHER GROUPS

ARAB

ANY OTHER

WHITE

BRITISH

ENGLISH

IRISH

SCOTTISH

WELSH

OTHER WHITE

RELIGION OR BELIEF

NO RELIGION

HINDU

OTHER BELIEF/RELIGION -
GIVE DETAILS IF YOU WISH

MUSLIM

CHRISTIAN

PREFER NOT TO SAY

JEWISH

SIKH

BUDDHISM

SEXUAL ORIENTATION

BISEXUAL (BOTH SEXES)

GAY MAN (SAME SEX)

HETEROSEXUAL (OPPOSITE SEX)

GAY WOMAN/LESBIAN (SAME SEX)

PREFER NOT TO SAY

DISABILITY

DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY?

YES

NO

PREFER NOT TO SAY

(The Disability Discrimination Act defines disability as “A long term physical or mental impairment which has a substantial and long-term adverse effect on the person’s ability to carry out normal day-to-day activities”).

IF YOU HAVE ANSWERED YES, PLEASE SELECT THE TYPE(S) OF IMPAIRMENT WHICH APPLY TO YOU.

PHYSICAL IMPAIRMENT

(eg difficulty using your arms or mobility issues which means using a wheelchair or crutches)

SENSORY IMPAIRMENT

(eg being blind/having serious visual impairment or being deaf/having a serious hearing impairment)

MENTAL HEALTH CONDITION

(eg depression or schizophrenia)

LEARNING DISABILITY

(eg Down’s syndrome or dyslexia)

OR COGNITIVE IMPAIRMENT

(eg autism or head injury)

LONG STANDING ILLNESS OR HEALTH CONDITION

(eg cancer, HIV, diabetes, chronic heart disease or epilepsy)

OTHER

(eg disfigurement)

GIVE DETAILS BELOW IF YOU WISH

THANK YOU FOR COMPLETING THIS FORM. THE INFORMATION WILL BE IN THE STRICTEST CONFIDENCE AND ONLY USED FOR THE PURPOSE OF MONITORING EQUALITY DATA.

COMPLETE AND FORWARD YOUR APPLICATION ON THE NEXT PAGE

WHERE DID YOU HEAR ABOUT US?

WEBSITE	CAREERS CONVENTION	PARENT/FRIEND
YOUTH CLUB	SCHOOL/COLLEGE	JOB CENTRE
EMPLOYER	CONNEXIONS/IYSS	FACEBOOK
SHAPE LEARNER	THEIR NAME:	OTHER

DATA PROTECTION ACT

Data Protection Act 1998: Shape Training collects information about all of its students for various administrative, academic and health and safety reasons. Under the terms of the Data Protection Act 1998 we need your consent to do this. Since we cannot operate Shape Training effectively without processing information about you, we need you to sign (type your name in) the following Consent to Process Information Statement.

If you require any further information about this, please contact the Chief Executive of the company.

Consent to Process Information Statement: I agree to Shape Training processing personal data contained on this form, or other data which Shape may obtain from me or other people, whilst I am a learner. I agree to the processing of such data connected with my learning or my health and safety whilst on the premises or for any other legitimate reason. I understand that because some of this information will be input onto the Internet, the processing of information may involve transfers of data outside the European Economic Area.

YOUR NAME	DATE
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(Leave this area blank for us to complete). I confirm that I have interviewed this learner; I have checked the accuracy of the completion of this form and have answered any queries.

STAFF SIGNATURE	DATE
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CHOOSE HOW YOU'D LIKE TO FORWARD YOUR COMPLETED APPLICATION

If you would like to start filling in the form again click to clear all fields.

To print this form and post it to the address below.

To send this completed form as an email attachment now.

Return your application form by post to: Recruitment Officer, Shape Training,
Richard Crosthwaite Centre, Sotherby Road, Middlesbrough TS3 8BT