

# Apprenticeship Application Form

Please return the completed form to: Apprenticeship Team,  
Hertford Regional College, Broxbourne Campus, FREEPOST 4954,  
Turnford, Broxbourne, Herts, EN10 6AE. Telephone No: 01992 411572.

Complete all sections in **BLOCK CAPITALS** and **BLACK INK** (Tick where appropriate).

Date received:	
Interview date:	
Person code:	

## Personal Details

Surname: <input type="text"/>	Previous surname if applicable: <input type="text"/>
First name: <input type="text"/>	Second name: <input type="text"/>
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/>	Ms <input type="checkbox"/> Other: <input type="text"/>
Postal Address of Normal Residence: <input type="text"/>	Land line: <input type="text"/>
Post code: <input type="text"/>	Personal Mobile: <input type="text"/>
Date of Birth: <input type="text"/>	Personal Email: <input type="text"/>
Have you lived in another country during the last 3 years (other than holiday)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Preferred Contact Method: <input type="text"/>
If yes, please state date of entry to UK: <input type="text"/>	NI Number: <input type="text"/>
Passport number (evidence seen): <input type="text"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Country of Normal Residence (if not UK): <input type="text"/>	Country of birth: <input type="text"/>
Have you applied for asylum/refugee status? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Next of kin in case of emergency: <input type="text"/>	Contact number: <input type="text"/>

## Your Occupational Area of Interest

Please indicate which Apprenticeship programme you are applying for (e.g. Hairdressing, Engineering, plumbing etc.):

## Education and Training Details

Name and Address of last school attended: <input type="text"/>	Date of leaving (e.g. 06/2009): <input type="text"/>
Post code: <input type="text"/>	Name of school attended at age 16 (if different from above): <input type="text"/>
Have you attended Hertford Regional College before? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, when: <input type="text"/>	

## Qualifications (please list your most relevant qualifications)

Exam Subjects	School/College	GCSE, A/AS Level, NVQ, GNVQ etc.	Expected result (if known)	Actual result (if known)
Maths				
English				
ICT				
Other (please specify)				
Other (please specify)				

## Are you currently employed in an area of work relating to the course? Yes No

Company: <input type="text"/>	Contact name: <input type="text"/>
Address: <input type="text"/>	Telephone: <input type="text"/>
<input type="text"/>	Post code: <input type="text"/>
Supervisor's Name: <input type="text"/>	Company email: <input type="text"/>
Number of employees in your workplace: <input type="text"/>	
Is your employer part of a group? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, state name: <input type="text"/>

Please confirm the number of hours that you are contracted to work:

## Criminal Conviction

Are you subject to any of the following conditions regarding criminal convictions (please tick any which are appropriate)?

Criminal Conviction  Police Reprimand  Final Warning   
 Referral Order  ASBO

The college may contact criminal justice agencies and/or the connexions service when processing this application. Please note that for Health and Social care courses your employer will conduct CRB checks to comply with legislation.

## Support with your Learning

Do you receive extra support at the moment? Yes  No

Do you think you would benefit from extra support? Yes  No

If yes, please tick the relevant box(es) following:

Dyslexia/specific learning difficulty  Physical difficulty  Moderate learning difficulty   
 Hearing Impairment  Mobility Difficulty  Severe learning difficulty   
 Visual impairment  Medical condition  Speech impairment   
 Mental health issues  Autistic spectrum condition  Emotional/behavioural issues   
 Reading  Writing  Spelling   
 Maths  English for speakers of other languages

Other  Please give details:

Do you consider yourself to be disabled? Yes  No

Do you speak a language other than English at home? Yes  No

Are you happy for the college to arrange support? Yes  No

Do you have an EHCP plan? Yes  No

## Equal Opportunities Monitoring

Please describe your ethnic origin by ticking one box only.

- |  |   |
|--|---|
| <b>31</b> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> | <b>32</b> Irish <input type="checkbox"/>  |
| <b>33</b> Gypsy or Irish Traveller <input type="checkbox"/>                      | <b>34</b> Any other white background <input type="checkbox"/>                   |
| <b>35</b> White and Black Caribbean <input type="checkbox"/>                     | <b>36</b> White and Black African <input type="checkbox"/>                      |
| <b>37</b> White and Asian <input type="checkbox"/>                               | <b>38</b> Any other mixed/multiple ethnic background <input type="checkbox"/>   |
| <b>39</b> Indian <input type="checkbox"/>  | <b>40</b> Pakistani <input type="checkbox"/>                                    |
| <b>41</b> Bangladesh <input type="checkbox"/>                                    | <b>42</b> Chinese <input type="checkbox"/>                                      |
| <b>43</b> Any other Asian background <input type="checkbox"/>                    | <b>44</b> African <input type="checkbox"/>                                      |
| <b>45</b> Caribbean <input type="checkbox"/>                                     | <b>46</b> Any other Black/African/Caribbean background <input type="checkbox"/> |
| <b>47</b> Arab <input type="checkbox"/>  | <b>98</b> Any other ethnic group <input type="checkbox"/>                       |
| <b>99</b> Not known/not provided <input type="checkbox"/>                        |   |

## Household Situation

Please tick which of the following statements apply

- 01** No household member is in employment and the household includes one or more dependent children
- 02** No household member is in employment and the household does not include any dependent children
- 03** Learner lives in a single adult household with dependent children
- 98** Learner has withheld this information
- 99** None of HHS1, HHS2 or HHS3 applies

## 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 relevant data protection legislation, 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 will be securely destroyed after it is no longer required for these purposes.

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation.

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 agree to be contacted for other purposes by ticking any of the following boxes:

About courses or learning opportunities  For surveys and research

By post  By phone  By email  By text

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to be contacted, please visit [www.gov.uk/government/publications/esfa-privacy-notice](http://www.gov.uk/government/publications/esfa-privacy-notice)

## Declarations

### Statement by the Student

- I have received sufficient information and advice to make an informed decision about my choice of course.
- I agree to notify the College of any change in my personal circumstances which may affect any concessions given at the time of enrolment.
- I agree to Hertford Regional College processing personal data contained within this form, or other data or images, which Hertford Regional College may obtain from me or other people, whilst I am a student.
- I agree to the processing of such data for any purposes connected with my studies or my health and safety whilst on the premises or for any other legitimate reason.
- I give my authorisation for my PLR (personal learning record) to be opened by an authorised person if not already available.
- I understand the information regarding this is available on [www.gov.uk/learningrecordservice](http://www.gov.uk/learningrecordservice).

Signature of Applicant:

Date:

