

Application Form

COMPLETE USING CAPITAL LETTERS AND BLACK INK

First Name: _____ Middle Name: _____ Family Name: _____

Address: _____ Unique Learner No (ULN): _____
 _____ National Insurance No: _____

Postcode: _____ Gender: _____ Age: _____ Date Of Birth: ____/____/____

Tel No: _____ Mob No: _____ Email: _____

Nationality: _____ Have you lived in the UK / EU for the last 3 years? Yes No

If unemployed Length of Unemployment before application: _____ (months)

Name of Next of Kin: _____ Next of Kin Tel Number: _____

Address of Next of Kin if different from above: _____

Where did you hear about us? Please tick one

Advertisement Company School / College Friends Website Other: _____

Education

Name of last School or College attended: _____ Date of Leaving: ____/____/____

Please list below the subjects you have taken at school / college and details of any examinations you have taken or are taking.

SUBJECT / Level	RESULT

Employment / Work experience details. If you have been in employment or on work experience, please give details:

COMPANY NAME	FROM	TO	DETAILS – Please give a brief description of your duties.	REASON FOR LEAVING

Have you ever taken part in any Government funded training programme? Please tick one. YES NO

If yes, please fill in the name of College / Training Provider: _____

Transport

Do you have your own transport? YES NO Do you hold a full valid car Driving License? YES NO.

If no, how are you going to travel to the training centre? _____

Equal Opportunities Monitoring Form

Private and Confidential

We practise Equal Opportunities in respect of all applicants and pledge that every applicant will be given proper and equal consideration regardless of sex, race and disability during the recruitment and selection process. This information is used to ensure that we at M.I.T. are reaching and representing the wider community as well as enforcing our Equal Opportunities policy and to ensure that we are aware of any known illnesses or learning difficulties that learners may want additional help with. It is not used as part of the selection process.

Please tick the box(es) that you are most interested in:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Vehicle Body Repairer or Painter | <input type="checkbox"/> Beauty | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> I.C.T. |
| <input type="checkbox"/> Vehicle Mechanic on Cars or Trucks | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Electrical Installation | <input type="checkbox"/> Sports Facilities |
| <input type="checkbox"/> Business Improvement Techniques | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Engineering |

Ethnicity (please tick relevant box)

- | | | |
|---|--|---|
| <input type="checkbox"/> Asian or Asian British-Bangladeshi (41) | <input type="checkbox"/> Mixed-White and Black African (36) | <input type="checkbox"/> Arab (47) |
| <input type="checkbox"/> Asian or Asian British-Indian (39) | <input type="checkbox"/> Black or Black British-African (44) | <input type="checkbox"/> Any other (98) |
| <input type="checkbox"/> Asian or Asian British-Pakistani (40) | <input type="checkbox"/> Mixed-any other Mixed (38) | |
| <input type="checkbox"/> Asian or Asian British – any other Asian background (43) | <input type="checkbox"/> Chinese (42) | |
| <input type="checkbox"/> Mixed-White and Asian (37) | <input type="checkbox"/> White-any other White background (34) | |
| <input type="checkbox"/> Black or Black British – any other Black background (46) | <input type="checkbox"/> White-British (31) | |
| <input type="checkbox"/> Black or Black British – Caribbean (45) | <input type="checkbox"/> White-Irish (32) | |
| <input type="checkbox"/> Mixed – White and Black Caribbean (35) | <input type="checkbox"/> Gypsy or Irish Traveller (33) | |

Learning difficulty (please tick relevant box)

- | | | |
|--|--|---|
| <input type="checkbox"/> No learning difficulty (98) | <input type="checkbox"/> Autism spectrum disorder (20) | <input type="checkbox"/> Dyslexia (10) |
| <input type="checkbox"/> Moderate learning difficulty (01) | <input type="checkbox"/> Multiple learning difficulties (90) | <input type="checkbox"/> Dyscalculia (11) |
| <input type="checkbox"/> Severe learning difficulty (02) | <input type="checkbox"/> Other specific learning difficulty (19) | <input type="checkbox"/> Other (97) |

Do you have, or have you ever had a Statement of Educational Needs (SEN)? **YES / NO**

Any additional information: _____

Health (please tick relevant box)

Do you have any illnesses, conditions or difficulties that may affect your work or training, or that you would like support for while you are training? (please tick relevant box)

- | | | |
|--|---|---|
| <input type="checkbox"/> No Disability (98) | <input type="checkbox"/> Disability affecting mobility (03) | <input type="checkbox"/> Hearing impairment (02) |
| <input type="checkbox"/> Temporary disability after illness (08) | <input type="checkbox"/> Other physical disability (04) | <input type="checkbox"/> Visual impairment (01) |
| <input type="checkbox"/> Emotional / Behavioural difficulties (06) | <input type="checkbox"/> Other medical condition (05) | <input type="checkbox"/> Multiple disabilities (90) |
| <input type="checkbox"/> Profound complex disabilities (09) | <input type="checkbox"/> Mental ill health (07) | <input type="checkbox"/> Not known (99) |
| <input type="checkbox"/> Aspergers Syndrome (10) | <input type="checkbox"/> Allergies (give details below) | |

Any other information: _____

Have you ever been convicted of an offence by a criminal court, other than a conviction which is spent by virtue of the Rehabilitation of Offenders Act 1974? **YES / NO.....** (if yes, please attach details)

I agree that the information I have given on this form will be held on the MIT database, for administration purposes and to help me find employment and/or a placement on an Apprenticeship. I agree that this information may be shared with any other organisation in association with MIT. The information I have given is correct to the best of my knowledge.

Signature: _____

Date: _____

Name: _____