

Application Form

PLEASE COMPLETE THE FORM IN CAPITAL LETTERS AND ATTACH A PHOTOGRAPH AND YOUR CV

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

Address: _____

National Insurance No: _____

Town: _____ 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

Are you currently: Unemployed Employed – part time (below 16 hrs) full time zero hours self employed

Length of unemployment before application: _____ (months)

Benefit Status – (I am in receipt of the following benefits – please state) -----

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

Address of Next of Kin if different from above: _____

Next of Kin Email Address: _____

Position Applied for:.....

Where did you hear about us? Please tick one

- Advertisement Company School / College Friends Website Other: _
 Twitter Facebook LinkedIn Instagram

Education

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

Prior Attainment Level

- No qualifications Entry level/ other qualifications below level 1 Full Level 1 (ie NVQ / Vocational qualifications Level 1 / GCSEs at grade D or 3) Full Level 2 (ie NVQ / Vocational qualifications Level 2 / GCSEs at grade A*-C or 4-9) Full Level 3 (ie NVQ / Vocational qualifications Level 3 / AS and A Levels / Advanced Diplomas) Level 4-6 Level 7 and above Not known

Qualification	Level (GCSE / A-Level)	Grade (N/A if not achieved)
English		
Math		
Related Vocational Qualifications		

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: _____

Have you been unemployed for the last six months? Please tick one. YES NO

Transport

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

Here at MITSkills we would like to encourage you to consider how you get to and from the course and to the prospective employer and would encourage you to walk, cycle and use public transport wherever possible. How would you travel to and from the onsite training centre and to the proposed employer? _____

Equal Opportunities Monitoring Form

Private and Confidential

We practice 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"/>	Motor Vehicle Technician	<input type="checkbox"/>	Hair and Beauty
<input type="checkbox"/>	Child/Adult Care	<input type="checkbox"/>	Construction
<input type="checkbox"/>	Business Improvement Techniques	<input type="checkbox"/>	Manufacturing
<input type="checkbox"/>		<input type="checkbox"/>	Vehicle Paint/Body Repair
<input type="checkbox"/>		<input type="checkbox"/>	Team Leading/Management
<input type="checkbox"/>		<input type="checkbox"/>	Customer Service
<input type="checkbox"/>		<input type="checkbox"/>	Business Admin
<input type="checkbox"/>		<input type="checkbox"/>	Sports Facilities
<input type="checkbox"/>		<input type="checkbox"/>	Engineering

Ethnicity codes and numbers are based on 2011 Census (please tick relevant box)			
<input type="checkbox"/>	White-English/Welsh/ Scottish/Northern Irish/British	<input type="checkbox"/>	Indian
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani
<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Bangladeshi
<input type="checkbox"/>	Any other White background	<input type="checkbox"/>	Chinese
<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>	Any other Asian background
<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	African
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Caribbean
<input type="checkbox"/>		<input type="checkbox"/>	Arab
<input type="checkbox"/>		<input type="checkbox"/>	Other Mixed/multiple ethnic background
<input type="checkbox"/>		<input type="checkbox"/>	Other Black/African / Caribbean background
<input type="checkbox"/>		<input type="checkbox"/>	Any other
<input type="checkbox"/>		<input type="checkbox"/>	Not Provided

From the list below, please tick relevant box(es) and indicate which is your one primary or most significant concern that may affect your learning: (codes shown are standard funding codes)			
<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Severe learning difficulty
<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Dyslexia
<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>	Dyscalculia
<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>	Autism spectrum disorder
<input type="checkbox"/>	Social / Emotional difficulties	<input type="checkbox"/>	Aspergers Syndrome
<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>	Temporary disability after illness or accident
<input type="checkbox"/>	Moderate learning difficulty	<input type="checkbox"/>	Speech, Language and Communication Needs
<input type="checkbox"/>		<input type="checkbox"/>	Other physical disability
<input type="checkbox"/>		<input type="checkbox"/>	Other specific learning difficulty e.g. Dyspraxia
<input type="checkbox"/>		<input type="checkbox"/>	Other medical condition e.g. epilepsy, asthma, diabetes, allergies
<input type="checkbox"/>		<input type="checkbox"/>	Other learning difficulty
<input type="checkbox"/>		<input type="checkbox"/>	Other disability
<input type="checkbox"/>		<input type="checkbox"/>	Prefer not to say
<input type="checkbox"/>		<input type="checkbox"/>	Not Provided

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

Are you a care leaver **YES / NO**

Any additional 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)

Privacy Notice

The information you supply will be used by the Education Skills Funding Agency, an executive agency of the Department for Education (DoE), to issue you with a Unique Learner Number (ULN) and to create your Personal Learning Record. For more information about how your information is processed and shared refer to the Extended Privacy Notice available on Gov.UK.

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

How you wish to be contacted:

- Use any contact details By phone By e-mail

Signature (if under 18 this should be your parent or guardian).....

Name.....Date.....

Personal Statement

What has made you apply for this position?

What are you doing now?

What are your main strengths?

What skills would you like to improve during this apprenticeship/training programme?

What are your hobbies and interests?

Do you have any barriers to learning which could prevent you from completing the programme?

Are you aware that apprentices receive a lower wage and that the apprentice minimum wage is currently £3.70 an hour?
Would this be a problem for you?

How was your last educational experience?

Additional Support required from us:

Numeracy	ICT	None
Literacy	Other	
Reading	If other, give details _____	
How MIT will address this _____		

Do you talk to your family and friends about your plans? Yes No
What do they think?

Is your intention to fully complete your course within the timeframe agreed? Yes No

Learner verification requirement and signature type not optional must be recorded:

A Passport or NI confirmation card or if they are unavailable, an EU Birth/Adoption Certificate.
For Sign up ensure you record the document numbers.

✓	ID Type	Details	
	Passport checked	Passport Number	
	If Non EU right to remain confirmed	Nationality on Passport	
	NI Card checked (number must be recorded)		
	EU Birth / Adoption Certificate checked		
	Full Driving License checked	Driving License Number	
	DWP Benefits Evidence checked	DWP Benefits Number	
	Utility Bill, Mortgage, Rent Bill, Council Tax Evidence checked	Ref Number	
	Home Office ID (inc: Proof of Address from above list & contact number) checked		

LEARNER AGREEMENT

1. The Learner's Responsibilities

- 1.1 To work to the best of her or his ability and in accordance with the Programme policies and procedures.
- 1.2 To observe MIT's terms and conditions of the programme.
- 1.3 In training, to be diligent and punctual and to attend courses and account for any absences, keep records, take part in and contribute to the review process, undertake assessments in order to achieve programme objectives and keep MIT informed of progress towards those objectives.
- 1.4 Ensure that all necessary PPE is in place and brought to centre when required.
- 1.5 To supply MIT with confirmation and details of gaining employment (wage slips/ offer letters/contracts of employment.)
- 1.6 To Supply MIT with evidence of employment after 3 months including salary range , weekly hours and occupation.
- 1.7 At all times to behave in a safe and responsible manner and in accordance with the requirements of Health and Safety legislation relating to the individual's responsibilities and to promote and act in the best interests of all concerned.
- 1.8 To respect all parties involved in the training and respect tolerance which underpins British values and is underpinned by the Equality Act and the rule of law.
- 1.9 For any periods of non-attendance, the Learner must supply evidence to support that non-attendance or MIT reserve the right to remove Learner from programme.
- 1.10 The Learner agrees that he/she will not work on any machines, processes or specified work areas until fully trained on each machine, process or work area, unless under supervision.
- 1.11 Compensation for any accident or injury caused as a result of the Learner using prohibited machinery or processes or from working in a prohibited area could be affected by failure to follow this instruction.

2. The Training Provider's responsibilities:

- 2.1 To check that the contents of the Programme fulfill the Funding Body (CITB) agreed criteria.
- 2.2 To ensure that the training meets the requirements set out in the Contract between the Training Provider and the Funding Body and employer in particular in relation to Quality Assurance process including Health and Safety obligations.

DECLARATION

We agree the information given is correct to the best of our knowledge and we will inform you of any changes. We agree that the information we have given on this form will be held on the MIT database, for administration purposes. We agree that this information may be shared with any other organisation in association with MIT for education, training, employment and well-being related purposes.

- We have read, understood and agree with the contents of the Learning Agreement.
- Image Reproduction & Information Permission and Day Visit Consent has been agreed.
- MIT Skills will not be liable for any injury, loss or damage whatsoever to whomsoever caused by any act, default or omission of a Learner on MIT Skills, Funding Body funded programmes except to the extent that any such injury, loss or damage is caused or contributed to by the negligence of MITSkills' staff.
- I was given details that my course was funded by CITB and Department of Education and received an initial assessment and induction including advice and guidance.

Learner Name: _____ **Signature:** _____ **Date:** ___/___/_____

Provider Name: _____ **Signature:** _____ **Date:** ___/___/_____

