

Springboard Bromley Learner Application Form

Springboard
Bromley



make a difference

YOUR DETAILS

Surname:		Home Address :	
First Names:		Post Code :	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Tel (inc code)	Mobile
E-Mail:		Name, Address and Telephone of Emergency Contact	
Date Of Birth:		Nature of Relationship to you : i.e mother, aunt, carer	
Age:		N.I. Number:	
Do you have any dependant children or relatives? Yes <input type="checkbox"/> No <input type="checkbox"/>		Unique Learner Number (if known)	

ALL ABOUT YOU

Course Applied for:
Why are you interested in this course ?
What do you hope to achieve by doing this course ?
What experience or training do you have in this area ?

YOUR ELIGIBILITY FOR TRAINING

I live full time in the UK <input type="checkbox"/>	I do NOT have a qualification at level 4 or above (HND, Foundation degree, degree) <input type="checkbox"/>
I have completed year 11 at school <input type="checkbox"/>	I am NOT in full time education or training <input type="checkbox"/>
Please enter your nationality : (as stated on your passport)	Have you lived in the UK or the EU for the past 3 years? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been granted indefinite leave to remain ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If you were not born in the UK please give your date of entry:

YOUR EXPERIENCE AND EDUCATION

Do you currently have an employer who will support you on this course? Yes <input type="checkbox"/> No <input type="checkbox"/>	Employer Details (If applicable) : Address : Tel (Inc Code)
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Work Experience and Employment History (Please list below any jobs you have held, work experience or voluntary work undertaken)		
Name of Employer or Company (What type of Business is it)	Dates	What did you do ?

Name of Secondary School/ College/ Other Training Provider	Address	Dates Attended

Qualifications:
Please list all the subjects you have studied and results of any exams you've taken

Award	Subject	Year (2008)	Result

Award	Subject	Year	Result

GENERAL INFORMATION

Are you registered with a Connexions Office ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If Yes) Which Connexions Office are you registered with ?	
Are you in receipt of Job Seekers or Minimum Training Allowance?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you claiming or have you previously claimed Education Maintenance Allowance	Yes <input type="checkbox"/> No <input type="checkbox"/> If you have ticked YES what is your EMA number ? No :
Have you ever, or are you currently in contact with a social worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please give their Name and Tel No:	
Do you have any criminal convictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give details:	
You must declare any unspent convictions under the Rehabilitation of Offenders Act 1974, and all convictions if applying for Childcare or Care courses, as these are exempted from the Act	
Have you ever or are you currently in contact with a Probation or YOT officer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes , please give their Name and Tel No:	
Do you have a S140 Moving Forward Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
(If yes please provide a copy for our information)	

In order for us to support you fully during your time with us, please circle any of the following that apply to you

Disability or Health Problem L15						
Visual Impairment	Hearing Impairment	Disability affecting mobility	Other physical disability	Other medical condition e.g epilepsy	emotional/ behavioural difficulties	mental health difficulty
Temporary disability after illness eg post viral or accident	Profound complex disabilities	Aspergers syndrome	Multiple disabilities	other	No disability	Not known/information not provided
Learning Difficulty						
Moderate learning difficulty	Severe Learning difficulty	Dyslexia	Dyscalculia	Other specific learning difficulty	Autism spectrum disorder	Multiple learning difficulties
Other	No Learning difficulties	Not known				
Other Areas of Support						
Extra help with Maths	Extra help with English	Confidence				

Ethnic Origin (Please circle)

- Bangladeshi (11)	- African (15)	- White & Asian (19)	- White (23)
- Indian (12)	- Caribbean (16)	- White & Black African (20)	- Irish (24)
- Pakistani (13)	- Black Other (17)	- White and Black Caribbean (21)	- Chinese (18)
- Any other Asian Background (14) Any other mixed background (22) - White other (25)			
- Other - Please State(98)			

<i>I declare that the information contained on this form is accurate to the best of my knowledge and that I have not concealed anything that may affect my fitness for employment or eligibility for training.</i>		Interviewed By
Applicants Name	Signature	Interview Date
Date		

For Office use only

Confirming Eligibility (Ensure both LSC and LRS section completed)			
<ul style="list-style-type: none"> Evidence for LSC eligibility: Passport Number/ Birth Certificate/ ARC Number/Home Office letter (See eligibility criteria for learners who do not have leave to remain.) Evidence for LRS (State type of evidence seen that confirms name on application form) 			
Learner suitable for training	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, state reason
Currently employed/volunteer	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employer Visit Arranged	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, state reason
Placement Interview Arranged	Yes <input type="checkbox"/>		If No, state reason
EMA Application sent	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, state reason

<u>Options Planned</u>
Employed Apprenticeship <input type="checkbox"/> Employed Advanced Apprenticeship <input type="checkbox"/>
PLP <input type="checkbox"/> E2E <input type="checkbox"/> T2G <input type="checkbox"/>
Other: Please state.....
Which NVQ is to be followed and at what level?

Anticipated Start Date?	
Induction Letter Sent?	