

OFFICE  
USE ONLY

Applicant  
Ref:

Student  
Ref:

Emp:



York College is committed to  
creating an environment where  
there is mutual respect and  
equality of opportunity

# Application Form

## Work-based Learning

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

### 1 Personal Details

Surname/Family Name:

First Name:

Second Name:

Title:

Mr / Mrs / Miss / Ms / Other

Postal Address of normal residence:

Landline no: .....

Personal Mobile: .....

Personal Email: .....

Minicom: .....

Postcode: .....

NI Number: .....

Date of Birth:

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Male

Female

Have you lived in another country  
during the last 3 years  
(other than on holiday)?

Yes

No

If yes, please state  
date of entry to UK:

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Please attach photocopy of passport details plus entry / visa stamp

Country of Birth:

Country of Normal  
Residence (if not UK):

Have you applied for  
asylum / refugee status?

Yes

No

Next of kin:

(Name of person to be contacted in an emergency)

Next of kin contact Number:

(Number of person to be contacted in an emergency)

### 2 Course Applied for

Course Title




## 8 Criminal Conditions

Do any of these apply to you? (Please tick any which are appropriate)

Criminal conviction   
  Police reprimand   
  Final warning   
  Referral order   
  None of these

The college may make contact with Criminal Justice Agencies and/or the Connexions Service when processing this application. This will be discussed at interview.

## 9 Are you currently employed in the area of work relating to the course you have applied for? YES NO

Company: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Postcode: \_\_\_\_\_

Will you be employed for a minimum of 30 hours per week?  YES  NO

## 10 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) below

Dyslexia/Specific Learning Difficulty <input type="checkbox"/>	Hearing Impairment <input type="checkbox"/>	Visual Impairment <input type="checkbox"/>	Speech Impairment <input type="checkbox"/>	Autistic Spectrum Condition <input type="checkbox"/>
Physical Difficulty <input type="checkbox"/>	Mobility Difficulty <input type="checkbox"/>	Medical Condition <input type="checkbox"/>	Mental Health Issues <input type="checkbox"/>	Emotional/Behavioural Issues <input type="checkbox"/>
Moderate Learning Difficulty <input type="checkbox"/>	Severe Learning Difficulty <input type="checkbox"/>	Other Disability <input type="checkbox"/>		
Reading <input type="checkbox"/>	Writing <input type="checkbox"/>	Spelling <input type="checkbox"/>	Maths <input type="checkbox"/>	English for Speakers of Other Languages <input type="checkbox"/>
Other <input type="checkbox"/>	Please give details _____			

Do you speak a language other than English at home?  YES  NO

I am happy for information to be passed on to staff to arrange support?  YES  NO  N/A

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Copy to LSO

Date

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## 11 Equal Opportunities Monitoring

Please tick which group best describes your ethnic background. These groups are in line with the 2001 Census (for statistical purposes only)

Asian or Asian British

Bangladeshi   
  Indian   
  Pakistani   
  Other Asian background

Black or Black British

African   
  Caribbean   
  Other Black background

Mixed

White & Asian   
  White & Black African   
  White & Black Caribbean   
  Other mixed background

Other

Chinese   
  White - British   
  White - Irish  
 Other White background   
 Please specify: \_\_\_\_\_   
 Prefer not to say

## 12 Declarations

I confirm that the information on this form is true and correct to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Data Protection Act 1998 –The personal information you provide is passed to the Chief Executive of Skills Funding and, where required, the Young People's Learning Agency for England ("the YPLA") to enable those organisations to fulfil their statutory obligations, principally under the Apprenticeships, Skills, Children and Learning Act 2009. Both organisations are registered as data controllers with the UK Information Commissioner's Office. The Skills Funding Agency funds adult further education and skills training, including apprenticeships, in England. The YPLA is responsible for arranging the provision of funding for the education and training of young people in England. The Skills Funding Agency processes learner data on behalf of the YPLA. The information you provide may be shared with other organisations for purposes of administration, the provision of career and other guidance and statistical and research purposes, relating to education or training. Other organisations include the Department for Education, the Department for Business, Innovation and Skills, Local Authorities, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the Skills Funding Agency, the YPLA, or partners of those organisations. The Skills Funding Agency also administers the learner registration service (LRS) which uses your learner information to create and maintain a unique learner number (ULN). Further information about use of and access to your information is available at: Skills Funding Agency: <http://skillsfundingagency.bis.gov.uk/foi.htm> YPLA: <http://www.ypla.gov.uk/foi.htm>

At no time will your personal information be passed to organisations for marketing or sales purposes. The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

York College has a Safeguarding Policy that conforms to the Local Safeguarding Children Board (LSCB) policy and guidance.

The safeguarding of young people and vulnerable adults is fully embraced by all York College staff and underpins the college's values.

York College reserves the right to refuse enrolment to a course where it has reasonable grounds for presuming that such an enrolment would not be in the best interests of the college.

Please return the completed form to: Admissions Team, York College, Sim Balk Lane, York YO23 2BB.

**Interview/Application Process Checklist**

**ADMISSIONS TEAM**

Date application form received     Reference sent  
    Letter  Email  Text  Sent to 1st 'Interview' meeting  
 :  Time

**BUSINESS DEVELOPMENT UNIT**

1st 'Interview' meeting with Employer Engagement Support Officer to include:  
 Time  :   
 Entry Requirements     IAG     Wages     Signposted to FT  
 Framework     Numeracy Assessment     Literacy Assessment

Initial assessment/apptitude test results

Date:	Test Subject:	Result:

Candidate is:	Fully funded (Please tick)	Co-funded (Enter amount)	Full cost (Enter amount)
Apprentice	<input type="checkbox"/>	£	£
Advanced Apprentice	<input type="checkbox"/>	£	£
NVQ only	<input type="checkbox"/>	£	£

Self Employed   
 Signature of college representative authorised to agree fees  
      
 Date:

**DIVISIONAL AREA**

2nd Interview date     :  Time

Please discuss ALL points

NVQs     Technical Certs.     Role of Employer     Employer Details Recorded     Learning Support  
 Portfolio Building     Apprenticeship Framework     Role of Assessor     Mode of Delivery     Induction  
 Key Skills     Role of College     Employer H&S Check     Previous Qualifications

Confirm Apprenticeship  
 Confirm Advanced Apprenticeship  
 Confirm NVQ only  
 Employment confirmed (firm offer)  
 Interviewer to Support Employment Search - contact details of assessor exchanged.  
 Notify Admissions Team when job confirmed (conditional offer)  
 Candidate is self employed, mentor identified in workplace.

Signature of Interviewer       
 Date:

**ADMISSIONS TEAM**

Referred - to FT course  FT Programme considering \_\_\_\_\_ F/T Application form issued

Conditional Offer  Letter Sent Date        
 Firm Offer  Letter Sent Date

Employment Gained  Notified Date       Name   
 WPO1 Completed & sent to HSA  Date Sent       Name   
 WPO1 Accepted - by H&S Team  Notified Date       Name   
 WPO1 Accepted - by division (range check)  Notified Date       Name

Withdrawn        
 Date        
 Reason