



Applicant Form

Skills Bootcamp name: Construction Skills Bootcamp

Date of application: 8th June – 25th June

1. Applicant Information

Title:	Surname/Family Name:	
First Name(s) in full:		
Preferred name:		
Address		
		Postcode:
Date of Birth (dd/mm/yyyy):	Age	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>		
Mobile No:		
Email address:		
National Insurance Number:		

2. Please indicate your ethnic group: please tick ONE box

<p>White</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Any Other White Background</p> <p>Mixed/Multiple ethnic groups</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Any other Mixed/multiple ethnic background</p> <p>Asian/Asian British</p> <p><input type="checkbox"/> Indian</p>	<p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Any other Asian background</p> <p>Black/African/Caribbean/Black British</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> Any other Black/African/Caribbean background</p> <p>Other ethnic group</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group</p> <p><input type="checkbox"/> Prefer not to say</p>	
Do you have a criminal conviction (excluding minor motoring offences)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently caring for children or other adults? - please tick ONE box	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Emergency Contact Details	
Emergency contact name:	Relationship:
Mobile telephone no:	Home telephone no:

4. Prior Attainment/Highest Previous Qualifications – please tick ONE box only:

<input type="checkbox"/> No record of attainment (have not attained any qualifications) <input type="checkbox"/> Entry Level (<i>Basic Entry Level, E</i>) <input type="checkbox"/> Level 1 (5 GCSEs D-G/3-1; 1 AS Level; GNVQ Foundation; BTEC First Certificate) <input type="checkbox"/> Level 2 (5 GCSEs A*-C/9-4; NVQ2; 2 or 3 AS Levels; GNVQ Intermediate; BTEC First Diploma) <input type="checkbox"/> Level 3 (4 AS Level; 2 A2/A Level; NVQ3; BTEC Diploma/Extended Diploma/Access to HE) <input type="checkbox"/>	<input type="checkbox"/> Level 4 (Certificate of Higher Education; HNC) <input type="checkbox"/> Level 5 (Foundation Degree; HND) <input type="checkbox"/> Level 6 (Bachelor's Degree; Graduate qualification) <input type="checkbox"/> Level 7 (Master's Degree; Postgraduate qualification) <input type="checkbox"/> Level 8 (Doctorate, PhD) <input type="checkbox"/> Other qualification: level not known <input type="checkbox"/> Not known
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If you completed a level 6 qualification or higher, please select which subject this was in:

<input type="checkbox"/> Medicine and dentistry <input type="checkbox"/> Subjects allied to medicine <input type="checkbox"/> Biological and sport sciences <input type="checkbox"/> Psychology <input type="checkbox"/> Veterinary sciences <input type="checkbox"/> Agriculture, food and related studies <input type="checkbox"/> Physical sciences <input type="checkbox"/> General and others in sciences <input type="checkbox"/> Mathematical sciences <input type="checkbox"/> Engineering and technology <input type="checkbox"/> Computing <input type="checkbox"/> Geographical and environmental studies (natural sciences)	<input type="checkbox"/> Architecture, building and planning <input type="checkbox"/> Geographical and environmental studies (social sciences) <input type="checkbox"/> Humanities and liberal arts (non-specific) <input type="checkbox"/> Social sciences <input type="checkbox"/> Law <input type="checkbox"/> Business and management <input type="checkbox"/> Communications and media <input type="checkbox"/> Language and area studies <input type="checkbox"/> Historical, philosophical and religious studies <input type="checkbox"/> Creative arts and design <input type="checkbox"/> Education and teaching <input type="checkbox"/> Combined and general studies
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5. Employment Information

<p>1. On the day prior to this course, what is your employment status? (please tick one)</p>	<p>2. If employed, please state name of your employer, the postcode of your workplace, your current job role, industry/sector of current job, number of hours worked per week and your current salary (if more than 1 job, please state details for main employer):</p>	<p>3. Do you currently receive any of the following?</p>
<p> <input type="checkbox"/> in full-time employment <input type="checkbox"/> in part-time employment <input type="checkbox"/> Employed – zero-hour contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed less than 12 months <input type="checkbox"/> Unemployed more than 12 months <input type="checkbox"/> In full-time education or training <input type="checkbox"/> Not working – long term sickness <input type="checkbox"/> Not working – caring responsibilities <input type="checkbox"/> Prisoner <input type="checkbox"/> Retired </p>	<p>Name of employer:</p> <p>Workplace postcode:</p> <p>Current job title:</p> <p>Industry / sector of current occupation:</p> <p>Hours worked per week:</p> <p>Current salary (please specify if hourly rate, weekly, monthly or yearly):</p>	<p> <input type="checkbox"/> In receipt of JSA <input type="checkbox"/> In receipt of ESA (Part of WRAG group) <input type="checkbox"/> In receipt of Universal Credit <input type="checkbox"/> In receipt of another State Benefit </p>
<p>4. If employed, are you attending this bootcamp via your current employer (has applicant been sent on the bootcamp through their current employment)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – not in paid employment </p>		
<p>5. Do you plan to work alongside the bootcamp?</p> <p> <input type="checkbox"/> - Yes (Full-time employment) <input type="checkbox"/> - Yes (Self-employed) <input type="checkbox"/> - Yes (Part time employed) <input type="checkbox"/> - No </p>		

6. Disability, Learning Difficulty and or Long Term Health Condition – please tick all that apply, if no option is indicated the starred * option will be selected

Do you consider that you have a learning difficulty, disability or long term health condition?

Yes *No Prefer not to say

<input type="checkbox"/> Allergy <input type="checkbox"/> Asperger’s Syndrome <input type="checkbox"/> Asthma <input type="checkbox"/> Autism Spectrum Condition <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Disability Affecting Mobility <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Diagnosed mental health condition <input type="checkbox"/> Moderate Learning Difficulty <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other Specific Learning Difficulty e.g. Dyspraxia <input type="checkbox"/> Profound/Complex Disabilities <input type="checkbox"/> Severe Learning Difficulty	<input type="checkbox"/> Social, Emotional & Behavioural Difficulties <input type="checkbox"/> Speech, Language and Communication needs <input type="checkbox"/> Temporary Disability after Illness or accident <input type="checkbox"/> Visual Impairment-excluding glasses/contact lenses <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Are you a wheelchair user?
If you have ticked more than one of the above, please state which disability, learning difficulty and/or health condition impacts most on your learning		
If you have a support need and would benefit from a confidential interview, please tick this box <input type="checkbox"/>		

7. Contact and Marketing Information

How did you hear about us?

- Current Employer
- Job Centre / Work Coach / DWP
- Social Media
- Friends / Family
- FE college / training provider
- The National Careers Service
- Gov.uk website
- Other (e.g. search engine, local media press)

Learner Name	
Signature	
Date	

XXX Use only	
Has the learner lived in the UK for the last 3 years?	
Current ID checked	
I confirm that I have checked the form for completeness and accuracy, have seen certification to validate the qualification/grades entered and have witnessed the identification ticked above.	
Suitable for course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accepted on Programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff Signature	
Date	