

Application Form

SWDF 01

Section One - Personal Details

| | | | |
|--------------------------|---|-------------|--|
| Surname: | | Forename: | |
| Date of Birth: | / | / | |
| Address: | | | |
| Post Code: | | | |
| Home Telephone: | | | |
| Mobile Telephone Number: | | | |
| Email Address: | | Media Code: | |

Section Two - Education Details

| | | | |
|-------------------------------------|--|------------------|--|
| Current or Previous School/College: | | | |
| Form Teacher: | | Careers Teacher: | |

| Subject (Please list all taken) | Expected Grade | Type (GCSE, GNVQ etc) | Actual Grade | Year Attained |
|------------------------------------|-------------------|--------------------------|-----------------|------------------|
| English Language | | | | |
| English Literature | | | | |
| Mathematics | | | | |
| ICT | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Work Experience Details (if any)

Previous Training Details (if any)

Section Three - Additional Information

Employment Status

I am...

Unemployed

14 - 19 NEET *

Employed

In receipt of Job Seekers Allowance

In receipt of Employment Support Allowance - Work Related Activity Group (ESA WRAG)

* Not in Employment, Education or Training.

Please Indicate Your Training Preference

Machining/Toolmaking

Welding/Fabrication

Electrical/Mechanical Maintenance

Manufacturing

Business Administration

Customer Services

Where Did You Hear About Us?

Word of Mouth One Point

Facebook Newspaper

Twitter Company

NAS Website JobCentre

Other.....

Preferred Start Date

The centre has multiple intakes throughout the year, and depending on your application date and circumstances, you may start at any one of these points. To help us judge the best intake for you, please indicate when you would like to start your programme.

As soon as possible

When I finish school

Rehabilitation of Offenders Act 1974

Any failure to disclose such convictions could result in disciplinary action or dismissal. If you answer "Yes", details will be taken during the interview phase.

Have you ever been convicted of a criminal offence, or been made subject of an Order, civil or criminal, made by a Court of Law, involving offences against the person, property, children, or the handling of money?

Yes

No

Applicant Declaration

I certify that the information which I have given is correct to the best of my knowledge. I understand that it will be processed by computer and used in accordance with the registration made by S. W. Durham Training Ltd. under the terms of the Data Protection Act 1984. The information will be shared with the Connexions Service for administration, careers and other guidance and statistical and research purposes.

Signed..... Date: / /

Parent/Guardian Declaration (if under 18)

I, as parent/guardian of the applicant, certify that the above information is correct and consent to the application being made.

Signed..... Date: / /

Equality & Diversity

S. W. Durham Training Ltd. is an equal opportunities employer. Your application will be considered on merit, irrespective of; age, disability, gender, race, religion/belief or sexual orientation. In order to be sure of the continued development of this policy, applicants for training with S. W. Durham Training Ltd. are asked to answer the questions below.

Please note that any details given below will be held in the strictest confidence, and will not be used as part of the recruitment decision making process, and will form part of the company's statistical analysis process.

Personal Details

As this sheet will not be shown to those involved in the decision making process, please complete the following sections to enable us to track your application.

Name.....

Age:

Religion or Belief

I would describe my religion as:

| | | | | | |
|-------------|--------------------------|-----------|--------------------------|-------------------|--------------------------|
| No Religion | <input type="checkbox"/> | Christian | <input type="checkbox"/> | Hindu | <input type="checkbox"/> |
| Buddhist | <input type="checkbox"/> | Jewish | <input type="checkbox"/> | Muslim | <input type="checkbox"/> |
| Sikh | <input type="checkbox"/> | Other | <input type="checkbox"/> | Prefer Not To Say | <input type="checkbox"/> |

Notes:

Sexual Orientation

I would describe my sexual orientation as

| | | | | | |
|-----------------------|--------------------------|----------|--------------------------|-------------------|--------------------------|
| Heterosexual/Straight | <input type="checkbox"/> | Bisexual | <input type="checkbox"/> | Gay Man | <input type="checkbox"/> |
| Gay Woman/Lesbian | <input type="checkbox"/> | Other | <input type="checkbox"/> | Prefer Not To Say | <input type="checkbox"/> |

Gender & Ethnicity

My gender is...

- Male
- Female
- Not disclosed

Please indicate your ethnic background by placing a tick in one of the boxes below. If you prefer, you may select "Not disclosed". The following categories fall in line with the 2001 census data presentation standard. For more information, please refer to the Office for National Statistics website at <http://www.ons.gov.uk>.

| White | Mixed | Black or Black British |
|---|---|---|
| White British <input type="checkbox"/> | White & Black Caribbean <input type="checkbox"/> | African <input type="checkbox"/> |
| White Irish <input type="checkbox"/> | White & Black African <input type="checkbox"/> | Caribbean <input type="checkbox"/> |
| Any Other White Background <input type="checkbox"/> | White & Asian <input type="checkbox"/> | Any Other Black Background <input type="checkbox"/> |
| | Any Other Mixed Background <input type="checkbox"/> | |

| Asian or Asian British | Chinese or Other Ethnic Group | Not Stated |
|---|---|--|
| Indian <input type="checkbox"/> | Chinese <input type="checkbox"/> | Prefer Not To Say <input type="checkbox"/> |
| Pakistani <input type="checkbox"/> | Any Other Ethnic Group <input type="checkbox"/> | |
| Bangladeshi <input type="checkbox"/> | | |
| Any Other Asian Background <input type="checkbox"/> | | |

The DDA 2005 defines a disability as: "A physical or mental impairment that has a substantial and long term effect on a person's ability to carry out normal day-to-day activities". Would you class yourself as having a disability as defined under the Act?

- Yes
- No
- Prefer Not To Say

If you answered "Yes" to the above question, please give details below:

| | | |
|---|---|---|
| Difficulty With Mobility <input type="checkbox"/> | Hearing Impairment <input type="checkbox"/> | Mental Health Disorder <input type="checkbox"/> |
| Dyslexia <input type="checkbox"/> | Visual Impairment <input type="checkbox"/> | Other (Give Details Below) <input type="checkbox"/> |
| Dyscalculia <input type="checkbox"/> | Speech Impairment <input type="checkbox"/> | |

Other

We welcome your application if you have a learning difficulty, a disability or other additional support needs. Please help us to ensure that you get the most out of your learning experience by selecting an option below:

- I would like to talk to someone about support for: (please tell us why you need support, for example dyslexia, mobility issues, deafness/loss of hearing, loss of vision, learning difficulties, medical issues, mental health issues, personal support issues or any other reasons).
- I do not need any support at the moment, but I know that I can ask for support if I need it later. (Please let us know as soon as possible if you need any special arrangements)