

**APPLICATION FORM FOR NVQ PROGRAMME**

**THIS FORM SHOULD BE COMPLETED BY HAND BY THE CANDIDATE WISHING TO JOIN THE PROGRAMME**

Title of NVQ Applied for:  Level:

In order for us to process your application, we need to collect the following information; the information is required by the funding authorities to confirm your eligibility for the programme. The information obtained will be held on our files and may be made available for Audit and to the Learning Skills Council should it be requested. All information will be stored in accordance with Data Protection Act 1998:

**CANDIDATE DETAILS**

(PLEASE USE BLOCK CAPITALS TO FILL IN THE PERSONAL DATA)

<b>Surname</b>	
<b>First Name</b>	
<b>Date of Birth</b>	
<b>National Insurance Number</b>	
<b>Passport Number</b>	
<b>Place of Birth</b>	
<b>Have you been resident in EU for more than 3 years?</b>	Yes                  No
<b>Nationality</b>	
<b>Workplace Name</b>	
<b>Workplace Address</b>	
<b>Workplace Postcode</b>	
<b>Workplace Telephone Number</b>	
<b>Workplace Supervisor/Manager</b>	
<b>Candidate Home Address</b>	
<b>Candidate Home Postcode</b>	
<b>Contact Telephone Number</b>	
<b>Candidate Email Address</b>	

**Equal Opportunities Monitoring**

This Assessment Centre has an Equal Opportunities Policy. Completing this section is not compulsory. I am agreeable to this information being entered on to a database and for the information to be made available to City and Guilds.

Please circle your responses below:

**Ethnic Origin**

**White**

- 23 British
- 24 Irish
- 25 Other white backgrounds

**Black or Black British**

- 16 Caribbean
- 15 African
- 17 Other Black Backgrounds

**Asian or Asian British**

- 12 Indian
- 13 Pakistan
- 11 Bangladeshi
- 14 Other Asian background

**Mixed Heritage**

- 21 White and Black Caribbean
- 20 White and Black African
- 19 White and Asian
- 22 Other Mixed Background
- 18 Chinese
- 99 Other ethnic group

**Work Hours**

Full time / Part time / Job share

**Job**

Permanent / Temporary / Casual / Voluntary

Do you work night shifts? If yes, please give details of shifts:

**Gender**

Female / Male

**Disability/Learning Difficulties**

Do you consider yourself to have a disability?

Yes / No if yes, please give details

Do you consider yourself to have learning difficulties?

Yes / No if yes, please give details

Details of Qualifications competed or currently undertaking (PLEASE INCLUDE QUALIFICATIONS GAINED AT SCHOOL OR COLLEGE)	Date completed	Level or Grades Achieved

Do you already have an NVQ in Health and Social Care? Y/N. If so, please remember to detail above.

<b>Job Title</b>
<b>Please give a brief outline of the main roles and responsibilities below:</b>

<b>Please give a brief description of why you want to complete this qualification:</b>

<b>Please describe your career progression objectives:</b>

**Declaration**

I confirm that all the information on this form is correct and I declare that I have a contract of employment and fulfil the residency regulations. I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided.

<b>*Candidate Signature</b>	<input type="text"/>	Date	<input type="text"/>
<b>*Employer Signature</b>	<input type="text"/>	Date	<input type="text"/>
<b>Provider Signature</b>	<input type="text"/>	Date	<input type="text"/>

\*Please note an Application Form must be signed by both the Candidate and the Employer before it can be actioned by Care Training Solutions.

Please return this application form, taking a copy for your own records to Care Training Solutions, at the address at the top of this form.