

<b>Office use only</b> Learner ID Number: Entered on PICs:
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## APPLICATION FORM

Course Applying for:

(Tick appropriate box)

NVQ Level 2 Hairdressing

NVQ Level 3 Hairdressing

Surname: _____	
First Name: _____	Middle Name(s): _____
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address: _____	Tel. Number: _____
Area: _____	Mobile Number: _____
City: _____	E-mail: _____
Post Code: _____	_____

Have you been resident in the UK & Islands or EEA for the last 3 years?	YES/NO (Please circle)																																
Is English your main language?	YES/NO (Please circle)																																
What is your immigration status? (Tick appropriate box)	Not Applicable <input type="checkbox"/> Asylum Seeker <input type="checkbox"/> Humanitarian Protection <input type="checkbox"/> Official Refugee <input type="checkbox"/> Overseas Student <input type="checkbox"/> Other <input type="checkbox"/>																																
How would you best describe your ethnic origin? (Tick appropriate box)	<table border="0"> <tr> <td>Asian or Asian British - Bangladeshi</td> <td><input type="checkbox"/></td> <td>Mixed - White and Asian</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asian or Asian British - Indian</td> <td><input type="checkbox"/></td> <td>Mixed - White and Black African</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asian or Asian British - Pakistani</td> <td><input type="checkbox"/></td> <td>Mixed - White and Black Caribbean</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asian or Asian British - Any other Asian background</td> <td><input type="checkbox"/></td> <td>Mixed - any other mixed background</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black or Black British - African</td> <td><input type="checkbox"/></td> <td>White - British</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black or Black British - Caribbean</td> <td><input type="checkbox"/></td> <td>White - Irish</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black or Black British - any other Black background</td> <td><input type="checkbox"/></td> <td>White - any other background</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Chinese</td> <td><input type="checkbox"/></td> <td>Any Other</td> <td><input type="checkbox"/></td> </tr> </table>	Asian or Asian British - Bangladeshi	<input type="checkbox"/>	Mixed - White and Asian	<input type="checkbox"/>	Asian or Asian British - Indian	<input type="checkbox"/>	Mixed - White and Black African	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>	Mixed - White and Black Caribbean	<input type="checkbox"/>	Asian or Asian British - Any other Asian background	<input type="checkbox"/>	Mixed - any other mixed background	<input type="checkbox"/>	Black or Black British - African	<input type="checkbox"/>	White - British	<input type="checkbox"/>	Black or Black British - Caribbean	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>	Black or Black British - any other Black background	<input type="checkbox"/>	White - any other background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
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Please state the name of your current or previous school:	_____
Leaving date from your Secondary School:	_____
Have you had a Learning Mentor at School?	YES/NO (Please circle)
Have you had regular contact with a Connexions Personal Adviser?	YES/NO (Please circle)

Please tick appropriate boxes for any disabilities or health issues you may have:			
Registered Blind/Visual impairment	<input type="checkbox"/>	Dyslexia/Specific Learning Difficulty	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	Medical Condition (Diabetes, Asthma)	<input type="checkbox"/>
Mental Health Difficulty	<input type="checkbox"/>	Deaf/Hard of hearing	<input type="checkbox"/>

Please tell us about any future plans e.g. career aims, further study etc. Include any current or previous work and work experience/voluntary work:

**Please state what qualifications you already have or are currently working towards.**

Subject	Year Gained	Grade	Expected Grade
GCSC PE* (Example)			

**Arrangements for Interview**

If you have a disability, are there any arrangements which we can make for you if you are called for an interview. YES/NO (Please circle)

If Yes, please specify e.g. sign language interpreter etc.

**Please state how you found out about Herbert of Liverpool:** \_\_\_\_\_

**Declaration**

Thank you for your application. Herbert of Liverpool Training Centre will keep personal information you have supplied on our systems as 'personal data'. We will only use your personal data according to our registration under the Data Protection Act 1998. Information on this form, and other information related to learner attendance on courses may be used by Herbert of Liverpool. This includes addresses and telephone information which may be used to contact learners at home. If you are aged between 16 and 18 years of age we reserve the right to contact your parent or guardian or employer regarding your progress.

**Data Protection Act 1998** - The information you provide on this form will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding and planning education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance and statistical and research purposes. At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time learners are approached to take part in surveys by email and phone, which are aimed at enabling the LSC and its partner to monitor performance, improve quality and plan future provision.

**Learner Signature:** \_\_\_\_\_

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