

Please circle the level you require for the career option you wish to follow

Hairdressing

Level 2 Level 3

Nail Services

Level 2 Level 3

Customer Service

Level 2 Level 3

Barbering

Level 2

Please complete in your own handwriting.

Surname: -----

First Name: -----

Address: -----

Telephone: -----

Mobile: -----

Post Code: -----

Date of Birth: -----

Age: -----

Gender: Male

Female

How long have you lived at the above address? -----

To help us see how our equal opportunities policy is working, please say to which of these groups you belong.

White	Mixed / multiple	Asian / Asian British	Black/ African/ Caribbean/ Black British	Other
English/Welsh / Scottish/Northern Irish/British <input type="checkbox"/>	White / Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>	African <input type="checkbox"/>	Arab <input type="checkbox"/>
Irish <input type="checkbox"/>	White / Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Gypsy / Irish Traveller <input type="checkbox"/>	White / Asian <input type="checkbox"/>	Bangladeshi <input type="checkbox"/>	Any other Black/ African/ Caribbean <input type="checkbox"/>	
Any other White background <input type="checkbox"/>	Any other Mixed <input type="checkbox"/>	Chinese <input type="checkbox"/>		
		Any Other Asian <input type="checkbox"/>		

National Insurance No:

--	--	--	--	--	--	--	--	--

Next of Kin Name & Tel No for Emergencies: -----

Relationship to you: -----

Address (if different from above): -----

Post Code -----

School Attended: -----

Leaving Date: Month: _____ Year: _____

Please list examination subjects taken or to be taken, including GNVQ/NVQ/Diplomas

SUBJECT	ESTIMATED GRADE	GRADE ACHIEVED

Please turn over

Other Awards or Qualifications, details:

Do you have Certificates for the qualifications? Yes No

Have you had any work experience or weekend/evening work or voluntary work?

YES NO

Details:

Have you previously been on any other training programme? Yes No

If YES Where did you train?

Dates: From _____ To _____

What type of course?

Are you still in training? Yes No Details: _____

If you have already left school are you employed? Yes No

Details: _____

HEALTH:

Do you have any health issues? Details: _____

Do you have any learning issues or requirements?

Details: _____

Are you taking any regular medication? Yes No

If yes please detail: _____

Will you need support due to health issues. Please state requirements: _____

Leisure Activities & Interests: _____

Give brief details why you want to join our training programme: _____

Do you have any holidays already arranged?

Dates: _____

Source of Application (tick) School Connexions Website
Careers Convention Salon Other

Signature: _____

Date: _____