

Invoice No:

Book Issued:

Opportunities

is the policy of ACDhelp.com Ltd to ensure that the resources and ability of learners taking part in its training are maximised. A learner will not receive less favourable treatment on the grounds of gender, marital status, race, religion, disability, sexual reference or age.

<p>ACDhelp.com Awards, Certificates and Diplomas</p> <p>For use only</p> <p>Applicant's FULL Name(s):</p> <p>DATE of Birth:</p> <p>DATE of Application:</p> <p>Telephone Interview Date</p> <p>Basic Skills Assessment</p> <p>Date of Completion of first piece of work</p>

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14 Walnut Road
Torquay
TQ2 6HS
01803 606974

APPLICATION FORM

For a Large Print version of this form, please phone the above number



<p>Assessor informed</p> <p><i>Kevin /Sharon/Carolyn/</i></p> <p>IV informed</p> <p><i>Joyce/Becky</i></p>

Please complete this form in **BLUE/BLACK INK** using **BLOCK CAPITALS**

1) Type of training

The course you are interested in?

Your reasons for joining the programme?

2) Personal details

All Applicants

If not a British subject, do you have an unrestricted right to work in the UK? YES/NO

Have you been living in the EU for at least 3 years? YES/NO

Nationality

Unique Learner Number (ULN)

Surname

First name(s)

Title: Mr/Mrs/Ms/Miss

Address

Postcode

Email

Telephone no.

Mobile no.

Age

Years	Months
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Date of Birth

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National Insurance no.

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3) Next of Kin

All Applicants

Surname

First name(s)

Address

Tick box if the address is the same as yours

Telephone no

Relationship

6) Current employment details**All Applicants**

Employer name	
Employer address	
Employer contact name (e.g. a manager's name)	
Work contact number	
Time at this employment	Years Months
Job title	
Brief details of duties/responsibilities	

7) Previous Training**All Applicants**

Ignore this section if you have just left school or college.

If you have previously done any work-based training, including an Apprenticeship or Other Training, please give details.

Training providers name	Type of job / training	From (month / year)	To (month / year)

8) Previous employment**All Applicants**

Please give details of previous school / college-based work experience, and full or part-time employment other than Apprenticeships or other training.

Company name / address	Job title	From (month / year)	To (month / year)

9) Support Assessment**All Applicants****Learning Support Assistance (Please Tick)**

- I may need help with reading, writing or coursework
- I am dyslexic
- I have dyscalculia
- I have a sensory impairment and will need extra help
- I have other learning difficulties e.g. ADHD, autism

Disabilities/Health problems

- I have an unseen disability e.g. epilepsy, diabetes, HIV or asthma
- I have a disability or special need not listed above
- I am a wheelchair user or have mobility difficulties
- I have no disability and require no special arrangements

Other Support Needs (Please Tick)

- I am a single parent and setting time aside to learn will be a problem
- It is difficult for me to work at home
- It will be difficult to attend all learning Sessions
- I have health problems/phobias which will affect my learning
- I was unable to attend school regularly during my last year
- I am lacking in confidence
- I have difficulties communicating or relating with others
- I receive/or would like support with drug/alcohol problems
- I have an emotional or behavioural problem

Supporting comments (including special adjustments that we may need to make to help you to gain access to learning and to achieve your full learning programme):

10) Marketing Information**All Applicants**

How did you find out about NVQ Help?

Please tick appropriate box(es)

Connexions	<input type="checkbox"/>	Job Fair	<input type="checkbox"/>	A Jobs Event	<input type="checkbox"/>
School	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Internet	<input type="checkbox"/>	A Prospectus	<input type="checkbox"/>	Recommendation	<input type="checkbox"/>
Other – please state which	<input type="text"/>				

11) Equal Opportunities Monitoring Data**All Applicants**

Equal Opportunities monitoring data: (Please tick)	
Ethnicity	
Asian or Asian British – Bangladeshi	<input type="checkbox"/>
Asian or Asian British – Indian	<input type="checkbox"/>
Asian or Asian British – Pakistani	<input type="checkbox"/>
Asian or Asian British – Any other Asian Background	<input type="checkbox"/>
Black or Black British – African	<input type="checkbox"/>
Black or Black British – Caribbean	<input type="checkbox"/>
Black or Black British – Any Other Black Background	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>
Mixed – Any Other Mixed Background	<input type="checkbox"/>
White – British	<input type="checkbox"/>
White – Irish	<input type="checkbox"/>
White – Any Other White Background	<input type="checkbox"/>
Any Other	<input type="checkbox"/>
Not Known / Not Provided	<input type="checkbox"/>
Mixed – White & Asian	<input type="checkbox"/>
Mixed – White & Black African	<input type="checkbox"/>

Data Protection Act 1998:

In order to comply with the Data Protection Act 1998 we need your permission to share the information in sections 1 - 11 on this form with other training providers and potential employers. Equality and Diversity Information is collected as a contractual requirement for our funding bodies.

Please tick this box if you do **NOT** want your details to be passed on

We would also like to keep you up to date with other courses we provide that you may be interested in.

Please tick this box if you do **NOT** want more information on courses

When you have completed as much of this form as you can, please sign in the box below.

Signature	<input type="text"/>	Date	<input type="text"/>
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Induction Date:**Start Date:****Expected End Date:****Actual End Date:**