



APPLICATION FORM

SECTION 1 APPLICANT'S PERSONAL DETAILS

Title	Mr		Mrs		Miss		Ms		Other	
Surname										
Forenames(s)										
Current Address										
Town										
County										
Post Code										

At current address since	D	D	M	M	Y	Y	Y	Y	Date of Birth	D	D	M	M	Y	Y
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Home Telephone No.		Work Telephone.	
Mobile Telephone No.		Email.	

National Insurance No.		Gender:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
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SECTION 2 NEXT OF KIN (EMERGENCY CONTACT)

Title	Mr		Mrs		Miss		Ms		Other	
Surname										
Forenames(s)										
Relationship										
Current Address										
Town/City										
County										
Post Code										
Telephone No.										

SECTION 3 BACKGROUND INFORMATION

Asian or Asian British	Bangladeshi		Pakistani		Indian		Other Asian Background	
Black or Black British	African		Caribbean		Other Black Background			
White	British		Irish		Other White Background			



Mixed	White & Asian	White & Black African	White & Black Caribbean	Other Mixed Background
Other	Chinese	If Other, please specify:		

SECTION 4 DISABILITIES

Do you have a disability or health problem?	Yes	If yes fill in boxes below	No	If no go to Section 5
If you have a disability or health problem, please tick the appropriate box below:				
Visual impairment		Hearing impairment		Disability affecting mobility
Other physical disability		Medical Condition e.g Diabetes		Emotional/behavioral difficulties
Mental ill health		Temporary disability after illness or accident		Profound complex disability
Multiple disabilities		Other		Not known/Prefer not to say

SECTION 5 LEARNING DIFFICULTIES

Do you have a Learning Difficulty?	Yes	If yes fill in boxes below	No	If no go to section 6
If you have a Learning Difficulty, please tick the appropriate box below:				
Moderate Learning Difficulty		Severe Learning Difficulty		Dyslexia
Dyscalculia		Other specific learning difficulties		Multiple learning difficulties
Not known/Prefer not to say		Other		If other, please specify

SECTION 6 ADDITIONAL INFORMATION

Current marital status	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
	Separated	<input type="checkbox"/>	Other	<input type="checkbox"/>				

SECTION 7 EDUCATION & TRAINING

What date did you last attend full time education?	D	D	M	M	Y	Y	Y	Y
Please state the last school or college you attended								
Level of Attainment (please tick your highest level of qualification)								
Academic qualification equivalent		NVQ Level	Evid Seen					
No Formal Qualifications								
Pre-Level One – Basic Skills & ESOL Entry level A, B or C		Level 0						
GCSE/'O' Level grades D-G (or fewer than 5 at grade A-C), CSE below grade 1, or 1 AS Level		Level 1						
GCSE/'O' Level (5 or more at grades A-C) or CSE grade 1 (5 or more) or 1 'A' Level or 2-3 AS Levels		Level 2						



2 or more 'A' Level passes and/ or 4 or more AS Levels	Level 3	
Teaching qualifications (including PGCE) and/ or First degree	Level 4	
Higher degree: MBA/ MBSoc or PHD	Level 5	
Any other qualification		

SECTION 8 RESIDENCY & NATIONALITY

What is your Nationality? (state your country of birth or naturalization)				
What is your Domicile? (Country of permanent residence)				
Are you an EU / EEA national or spouse or child of such national?			Yes	No
If you answered YES, have you lived in the EU/EEA for the three years preceding the academic start date of your course?			Yes	No
If you answered NO, please confirm your current status in the UK below:				
Asylum Seeker		Refugee		Overseas International Student
Exceptional Leave to remain		Indefinite Leave to Remain		EU Residency (Including UK)
Here with a Visa		What type of Visa:		Expiry Date:
Are you currently with a Youth Offender Team or a Probation Service? If yes please give the contact person's detail.			Yes	No
Care worker/probation officer's name				
Care worker/probation officer Telephone number or fax number				

SECTION 9 EMPLOYMENT STATUS

Employment status	Employed		At College/University		Part time Employed	
	Unemployed		Threatened with redundancy		Still at School	
	Self		Full Time Education		Other	
	Employed					

SECTION 10 FEE STATUS

Are you currently receiving (or dependant on someone receiving) any of the following means tested benefits? Please Specify.			Yes	No
Jobseeker Allowance		Housing Benefit		State Pension/widows/ Pension
Income Support		Council Tax		Working Tax Credit
Employer paying		Self Funding		NASS (Asylum Support Service)





Other	If other, please specify:
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SECTION 11 COURSE DETAILS

Please provide information the course you are applying for.

Name of Course	
Entry Level	
Duration	
Mode of Attendance	
Proposed Start Date	

Are you registered with City & Guilds ?	Yes	No
If Yes , Please state your Enrolment No.		Date of Registration

SECTION 12 MARKETING INFORMATION

How did you hear of Alpha BSE Training, please tick the appropriate box below:

Website / Search Engine		Awarding Body	
Friends or family		Exhibition / Event	
Newspapers		Centre Visit	
Trade Magazines		Funding Body	
Colleges		Youth Club	

SECTION 13 ADDITIONAL INFORMATION

Please specify any other information necessary to process your application.



