



Funded by

 Education & Skills
 Funding Agency



Please return this form to:
 Hoople Training and Education
 Churchill House
 Venns Lane
 Hereford, HR1 1DE

PRIVATE AND CONFIDENTIAL

Version 1.0.4

APPLICATION FORM (TE009)

Information provided on this application form will be held on computer and manual record systems, and therefore falls within the provision of the Data Protection Act 1998. Please complete and return this form to the address above, or by email to training@hoopleltd.co.uk.

Learner register: (official use)

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Part one: Your training programme 

I would like to apply for the following course: (if unsure of the level, you may leave it blank)

Vocational sector:

- Health and Social Care
- Business and Administration
- Early Years Childcare and Education
- Customer Service
- Dental Nursing
- Leadership and Management
- Supporting Teaching and Learning in Schools

Standalone qualifications:

- Functional Skills in Mathematics
- Functional Skills in English
- Award/Certificate in Education and Training
- Training and Assessment/Quality Assurance

Pre-apprenticeships:

- Traineeship
- Study Programme

Level:

- Level 1
- Level 2
- Level 3
- Level 4
- Level 5



Part two: Your personal details 

Surname:			
First name(s):			
Title: (eg Mr/Miss)		Gender:	
Date of birth:			
Address line 1:			
Address line 2:			
Town/city:			
County:			
Postcode:			

NI number:																																																	
<small>(Your National Insurance number)</small>																																																	
ULN:																																																	
<small>(Your Unique Learner Number)</small>																																																	
Tel no:																																																	
Mobile:																																																	
Email address: (print one character per block)																																																	
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Part three: Your education and qualifications



Current school/college, or school/college most recently attended:			(Expected) End date:
<input type="text"/>			<input type="text"/>
Qualification title: (attach a separate sheet if necessary)	Level: (eg GCSE, AS)	Grade: (or expected)	Year: (of qualification)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Part four: Employment (if employed, complete 4A; if unemployed, complete 4B)



4A) I am currently employed:

If you are currently employed, you can complete an apprenticeship or other qualification alongside your present role. This will require a level of involvement from your workplace manager or supervisor whether or not they are funding your training. For this reason, we require a **signature from your employer** to acknowledge this. If they have any queries, they can contact our friendly team on 01432 383500.

If you are not currently employed, please skip to the following section.

Company:	<input type="text"/>	Full-time:	<input type="text"/>	Part-time:	<input type="text"/>
Your position:	<input type="text"/>	Address line 1:	<input type="text"/>		
Manager name:	<input type="text"/>	Address line 2:	<input type="text"/>		
Position:	<input type="text"/>	Town/city:	<input type="text"/>		
Tel no:	<input type="text"/>	County:	<input type="text"/>		
Mobile:	<input type="text"/>	Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>

<input type="text"/>

Date of signature:
<input type="text"/>

Employer, please sign above

4B) I am a school/college leaver or am currently unemployed:

If you are just finishing school/college or are currently unemployed, please provide details below of two people who have agreed to provide a reference on your behalf.

Reference #1:	
Relationship:	
Tel no:	
Address:	
Email address: (print one character per block)	

Reference #2:	
Relationship:	
Tel no:	
Address:	
Email address: (print one character per block)	

Do you have any unspent criminal convictions?	Yes:		No:	
Do you agree to undergo a Disclosure and Barring Service (DBS) check?	Yes:		No:	

Part four: Additional information to help us support your needs 

Have you been a resident of the European Union for at least the last three years?	Yes:		No:	
Is English your first language?	Yes:		No:	
Are you in the care of the Local Authority or the Leaving Care team?	Yes:		No:	
Did you receive extra time when sitting exams at school? If yes, for what reason?	Yes:		No:	
Do you have a statement of special educational needs? (Please attach evidence.)	Yes:		No:	
Do you consider yourself to have a disability? (If yes, please indicate below.)	Yes:		No:	
Are you registered as disabled? (If yes, please indicate below.)	Yes:		No:	

Visual impairment:	Yes:		No:	
Hearing impairment:	Yes:		No:	
Mobility difficulties:	Yes:		No:	
Dyslexia:	Yes:		No:	

Details, or any other physical/mental health condition:

If you feel you need more space than we have provided, please continue and attach a separate sheet.

Please provide any further information that may be relevant to your application:

If you feel you need more space than we have provided, please continue and attach a separate sheet.

Part six: Declarations and signature



Do you consent to Hoople contacting you for marketing purposes?	Yes:		No:	
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I confirm that I am <u>not</u> already enrolled on an apprenticeship or other Government funded programme:	
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How we use your personal information:

The personal information you provide is passed to the Chief Executive of the Skills Funding Agency and, when needed, the Department for Education to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a Unique Learner Number (ULN) and Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research.

Further information about the use of and access to your personal data, and details of organisations with whom we regularly share data, are available at: <https://www.gov.uk/government/publications/sfa-privacy-notice>

I would like to apply for the apprenticeship/traineeship/training programme indicated. I confirm that I have read and understood this declaration and that all the information provided on this application is accurate, truthful and honest, to the best of my knowledge. I understand that acceptance onto the programme will be subject to proof of eligibility to work in the United Kingdom and evidence of my stated qualifications.

X

Applicant, please sign above

Date of signature:		

Once complete, please post or email your application back to us at the address provided on page one. If you have any questions about your application, simply give us a call on 01432 383500 or email training@hoopleltd.co.uk. Once we have received your application, a member of our team will shortly be in touch to further discuss your needs.



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EQUAL OPPORTUNITIES MONITORING FORM

Filling in this form is voluntary. This information will be used for monitoring purposes only. It will be kept separately from your application form, and will not form any part of the application process.

1. What is your age?

- 16–18 years
- 19–29 years
- 30–39 years
- 40–49 years
- 50–59 years
- 60+ years
- Prefer not to say

2. What is your ethnicity?

- English/Welsh/Scottish/Northern Irish/British
- Irish (ROI)
- African
- Caribbean
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Gypsy/Roma/Traveller
- White/Black Caribbean
- White/Black African
- White/Asian
- Arab
- Other
- Prefer not to say

3. How would you describe your gender?

- Male
- Female
- Other
- Prefer not to say

4. Is your gender identity the same as the gender you were assigned at birth?

- Yes
- No
- Prefer not to say

5. What is your sexual orientation?

- Heterosexual
- Homosexual
- Bisexual
- Other
- Prefer not to say

6. Are you married or in a civil partnership?

- Yes
- No
- Prefer not to say

7. Do you consider yourself to have a disability or health condition?

- Yes
- No
- Prefer not to say

8. Do you have caring responsibilities?

- None
- Primary carer of a child/children (under 18s)
- Primary carer of a disabled child/children
- Primary carer of a disabled adult (18+)
- Primary carer of an older person
- Secondary carer
- Prefer not to say

9. Do you have a long-term health problem which affects the type of work you do?

- Yes
- No

10. Have you opened a DfE-sponsored Individual Learning Account?

- Yes
- No

11. What is your postcode?

Prefer not to say

12. What was your most recent school/college?

- Prefer not to say