



Funded by

 Education & Skills
 Funding Agency



Please return this form to:
 Hoople Training and Education
 Auxilium House
 Legion Way
 Hereford, HR1 1LN

PRIVATE AND CONFIDENTIAL

Version 2.1

STUDY PROGRAMME APPLICATION FORM

Information provided on this application form will be held on computer and manual record systems, and therefore falls within the provision of the GDPR. 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 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:			
(Your National Insurance number)			
Tel no:			
Mobile:			
Email address: (print one character per block)			

Part two: Your education and qualifications



Current school/college, or school/college most recently attended:			
(Expected) End date:			
Qualification title: (attach a separate sheet if necessary)	Level: (eg GCSE, AS)	Grade: (or expected)	Year: (of qualification)





3A) Current employment:

A Study Programme cannot be completed during Full-time or Part-time employment. Please confirm you are not employed by ticking the box below:

I am currently unemployed	<input type="checkbox"/>
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If you are currently employed you would not be able to complete a Study Programme.

You may be able to complete an apprenticeship or other qualification alongside your present role, if this is something you may be interested in, please contact our friendly team on 01432 383500.

3B) I am a school/college leaver:

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:									
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Address:

Email address: (print one character per block)

Reference #2:	
Relationship:	

Tel no:									
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Address:

Email address: (print one character per block)

Do you have any unspent criminal convictions?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Do you agree to undergo a Disclosure and Barring Service (DBS) check?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>





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

Visual impairment:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Hearing impairment:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Mobility difficulties:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Dyslexia:	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

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.





Do you consent to Hoople contacting you for marketing purposes?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
I confirm that I am <u>not</u> already enrolled on an apprenticeship or other Government funded programme:				<input type="checkbox"/>

How we use your personal information:

The personal information you provide is passed to the Chief Executive of the Education and 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/esfa-privacy-notice>

I would like to apply for the Study Programme. 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:		
<input type="text"/>	<input type="text"/>	<input type="text"/>

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?

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> 16–18 years | <input type="checkbox"/> 50–59 years |
| <input type="checkbox"/> 19–29 years | <input type="checkbox"/> 60+ years |
| <input type="checkbox"/> 30–39 years | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> 40–49 years | |

2. What is your ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Gypsy/Roma/Traveller |
| <input type="checkbox"/> Irish (ROI) | <input type="checkbox"/> White/Black Caribbean |
| <input type="checkbox"/> African | <input type="checkbox"/> White/Black African |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> White/Asian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Chinese | |

3. How would you describe your gender?

- | | |
|---------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Other |
| <input type="checkbox"/> Female | <input type="checkbox"/> Prefer not to say |

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

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

5. What is your sexual orientation?

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Other |
| <input type="checkbox"/> Homosexual | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Bisexual | |

6. Are you married or in a civil partnership?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

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

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |

8. Do you have caring responsibilities?

- | |
|--|
| <input type="checkbox"/> None |
| <input type="checkbox"/> Primary carer of a child/children (under 18s) |
| <input type="checkbox"/> Primary carer of a disabled child/children |
| <input type="checkbox"/> Primary carer of a disabled adult (18+) |
| <input type="checkbox"/> Primary carer of an older person |
| <input type="checkbox"/> Secondary carer |
| <input type="checkbox"/> Prefer not to say |

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

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

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

11. What is your postcode?

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 Prefer not to say

12. What was your most recent school/college?

- Prefer not to say

