



# LEARNER APPLICATION



Norfolk Training Services

European Union  
European Social Fund  
Investing in jobs and skills

Please ask for help if English is not your first language

## Tell us about yourself

<b>Title</b>	Ms <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/> (Please specify):
<b>Last Name</b>	
<b>First Name(s)</b>	
<b>Date of Birth</b>	
<b>NI Number</b>	

## Please tick any vocational area that interests you:

Light Vehicle Maintenance	<input type="checkbox"/>	Heavy Vehicle Maintenance	<input type="checkbox"/>	Cabinet/Furniture Making	<input type="checkbox"/>
Basic Construction Skills	<input type="checkbox"/>	Warehouse & Distribution	<input type="checkbox"/>	Health & Social Care	<input type="checkbox"/>
Site Carpentry	<input type="checkbox"/>	Customer Service	<input type="checkbox"/>	Employability	<input type="checkbox"/>
Body Repair	<input type="checkbox"/>	Administration	<input type="checkbox"/>	IT	<input type="checkbox"/>
Body Refinishing	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	Retail	<input type="checkbox"/>
Hospitality	<input type="checkbox"/>	Team Leading	<input type="checkbox"/>	Management	<input type="checkbox"/>
Mechanical & Electrical Trim	<input type="checkbox"/>	Functional Skills	<input type="checkbox"/>	Sales	<input type="checkbox"/>

## Please indicate which type of training you are interested in:

Apprenticeship	<input type="checkbox"/>	Study Programme	<input type="checkbox"/>	Adult Skills	<input type="checkbox"/>
Traineeship	<input type="checkbox"/>	Schools Programme	<input type="checkbox"/>	Other	<input type="checkbox"/>

## Where do you live?

<b>House Name/No. and Street Name</b>			
<b>Town/City</b>		<b>Post Code</b>	
<b>Telephone</b>		<b>Mobile</b>	
<b>Email</b>			

## Who should we contact in an emergency?

Name			
Relationship to you			
Address (if different to your address)			
Telephone		Mobile	

## What are you doing now?

*If you are still at school*, please give us details:

Name of School	
Name of school staff responsible for this application	
Position	
Telephone Number	
Email address	
Do you have a Guidance Advisor or Support Worker/s?	
If yes, please provide their name (s) & contact details (e.g. email & telephone)	

## Tell us about your education and qualifications

Name of Last School	
Date of Leaving	
Name of College/Training Provider	
Date of Leaving	

Do you have any of the following? Tick all that apply

Key/Functional Skills	<input type="checkbox"/>	Award	<input type="checkbox"/>	NVQ	<input type="checkbox"/>
GCSE	<input type="checkbox"/>	Certificate	<input type="checkbox"/>	BTec	<input type="checkbox"/>
A/AS Level	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Degree	<input type="checkbox"/>
Other (please give details)					

**Please provide details of subjects and grades achieved/predicted**

Date (Mth/Yr)	Subject	Grade	
		Achieved	Predicted

**Tell us about your work experience**

**Currently employed?** Please tell us where you are working (we do not approach employers).

<b>Company Name</b>	
<b>Your position in the company</b>	
<b>Your manager's name</b>	
<b>Your manager's telephone</b>	
<b>Your manager's email address</b>	

Please provide information on your work experience, which can include voluntary, part-time, holiday or unpaid work. If you are currently working, please put this information first.

From (Mth/Yr)	To (Mth/Yr)	Name & Address of Employer (if known)	Job Role/Description of duties

## Other information that we need from you

Do you have your own transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you born in the United Kingdom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have permission to live and work in the UK? (Please provide evidence)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will you need any special assistance at your interview (e.g. wheelchair access)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any allergies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any holidays or pre-arranged appointments booked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## A little bit about you

Please take the time to tell us a little bit about yourself: for example, any hobbies or interests you have; what you like to do in your spare time.

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## Please sign your application form

I have completed this application form truthfully and to the best of my knowledge

<b>Applicant's Signature</b>	
<b>Date</b>	

## What next?

Post or deliver your completed application form to your nearest NTS centre as follows:

Learner Applications <b>Norfolk Training Services Ltd</b> Harford Centre Hall Road Norwich Norfolk NR4 6DG Tel: 01603 259900	Learner Applications <b>Norfolk Training Services Ltd</b> Unit 4&5 Bergen Way Bergen Way Business Park King's Lynn Norfolk PE30 2DD Tel: 01553 762599
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**Or email your application to: [applications@norfolktrainingservices.co.uk](mailto:applications@norfolktrainingservices.co.uk)**



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## Equal Opportunities Monitoring

Code	Ethnicity categories	Please tick relevant box
31	White - English/Scottish/Northern Irish/British	<input type="checkbox"/>
32	White - Irish	<input type="checkbox"/>
33	White – Gypsy or Irish Traveller	<input type="checkbox"/>
34	White - Other White background	<input type="checkbox"/>
35	Mixed – White and Black Caribbean	<input type="checkbox"/>
36	Mixed – White and Black African	<input type="checkbox"/>
37	Mixed – White and Asian	<input type="checkbox"/>
38	Mixed – any other Mixed background	<input type="checkbox"/>
39	Asian or Asian British – Indian	<input type="checkbox"/>
40	Asian or Asian British – Pakistani	<input type="checkbox"/>
41	Asian or Asian British - Bangladeshi	<input type="checkbox"/>
42	Chinese	<input type="checkbox"/>
43	Asian or Asian British – any other background	<input type="checkbox"/>
44	African	<input type="checkbox"/>
45	Caribbean	<input type="checkbox"/>
46	Any other Black/African/Caribbean background	<input type="checkbox"/>
47	Arab	<input type="checkbox"/>
98	Any other ethnic group	<input type="checkbox"/>
ZZ	Prefer not to say	<input type="checkbox"/>

*We would like to share this information with colleagues so that we can ensure that Norfolk Training Services meets its obligations for equal opportunity under current equality legislation. However, in order to protect your rights, we cannot do this without your permission.*

- Yes**, I agree for this information to be passed on to other relevant people
- No**, I do not agree for this information to be passed on



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## Disclosure of Disability or Learning Difficulty

Norfolk Training Services is an equal opportunities employer and training provider. In order to provide us with information, which we can use to ensure that you get the most out of your training, please tick any boxes that may apply to you.

**Providing this information will not affect your chance of being offered a place at NTS.**

Asperger's	<input type="checkbox"/>	Multiple learning difficulties	<input type="checkbox"/>
Autism	<input type="checkbox"/>	Mental ill health	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	Multiple disabilities	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Other learning difficulty	<input type="checkbox"/>
Dyspraxia	<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>
Emotional/behavioural difficulties (e.g. ADHD, ADD)	<input type="checkbox"/>	Temporary disability after illness [e.g. post viral] or accident	<input type="checkbox"/>
Hearing impairment	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>
Other medical condition [for example epilepsy, asthma, diabetes]			<input type="checkbox"/>
Other disabilities or difficulties (please state)			<input type="checkbox"/>

Are you currently on any medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide details about your medication(s) here</i>		

Please tell us a little bit more about your circumstances and any help you may need from us. Let us know here if you have received any assistance in the past with your learning. For example, you may have had some help at school with a learning assistant or had discussions about your learning needs with the school. This information helps us because we may be able to provide you with additional assistance at NTS.

PTO

Did you have a Statement of Educational Need at School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have an Educational, Health and Care Plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If you are not sure, you can discuss with your advisor at interview</i>		

*We would like to share this information with colleagues so that we can provide you with any additional support you might need during your programme. However, in order to protect your rights, we cannot do this without your permission.*

- Yes**, I agree for this information to be passed on to other relevant people
- No**, I do not agree for this information to be passed on

Signature	Name
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### **Disclosure of convictions?**

Please provide details here of any unspent convictions and the details of your YOT member or Probation Officer, if known.

# OFFICE USE ONLY

**Applicant Name**

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**How did the applicant find out about Norfolk Training Services?**

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**NTS Advisor's Notes:**

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**Internal Referral? Y/N, box, details**

**External Referral? Y/N, details**

<b>NTS Advisor</b>	
<b>Date</b>	