

### 8. Criminal Convictions

Do you have any criminal convictions? Yes/No

Do you agree to undergo a Criminal Records Bureau Check? Yes/No

### 9. Signature and Declarations

I wish to apply for Training with Herefordshire Primary Care Trust Training Centre and undertake that, if accepted, I will make every effort to complete the course. The information I have supplied is correct and true. I realise that if I have supplied false information, or neglected to provide additional information that could prove important, any offer of training may be withdrawn.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*If you are in employment please complete the following:*

Job title

Department

Work Address

# APPLICATION FOR TRAINING

Information provided on this Application Form will be held on computer and manual record systems and therefore falls within the provisions of the Data Protection Act 1998.

**Applicants: Please complete in black ink and return to:**  
**Administration Manager, Training Centre, Thorn Business Park, Holme Lacy Road, Hereford, HR2 6JT**

### 1. Personal Information

Title	First Name	Surname
Date of Birth	Age	National Insurance Number
Current Address		
County	Postcode	
Telephone Number	Mobile Number	
Email Address		
If under 18, please state your parents/guardians name and telephone number		
Present/last school/college		
Have you been resident in the UK, or have you been resident in the EU for the last three years? Yes/No		

Is English your first language or the language you use most? Yes/No

If No, which language do you normally use

### 2. Current Employment Details [if applicable]

Employer's Name/Address/Telephone Number [please include post code]	Type of Work/ Department	Date commenced employment

### **For Official Use Only**

- Train to Gain NVQ Training Level 2/Level 3
- Apprenticeship [NVQ Level 2 & Framework
- Advanced Apprenticeship [NVQ Level 3 & Framework
- Adult Apprenticeship [Level 2/Level 3 NVQ & Framework
- Self Funded
- Employer Funded

Date Application Form Received [initial]	Interview Letter sent/date	Applicant Registration Number [Admin/initial]]
Interview Date & Time	Course Offer Yes No	Comments

**Occupational Group** [please tick]

Admin and Clerical  
 Allied Health Professional Support  
 Child Care  
 Health Care Assistant  
 Dental Nurse  
 Pharmacy  
 Other

**3. Qualifications**

Name of School, College or University	Qualification [eg. GCSE/AS]	Subject	Grade/Level	Date Achieved

**4. Details of Previous Vocational Learning**

Training Providers Name	Name and level of Qualification eg GNVQ/NVQ	Date Qualification achieved

**5. Support for Learners**

Do you have any additional needs that may affect your learning?	No	Yes [If yes, please tick below]
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Do you need support with any of the following?

Numeracy [using numbers]                       Dyslexia [have evidence of assessment]  
 Dyslexia [feel you may be, but have no evidence]                       Language difficulties because English is not your first language  
 Medical Needs, eg Diabetes/Epilepsy/Asthma—please give details below                       Literacy [reading and writing]  
 Learning Difficulty—please give details below

Further Details:

**6. Area of Training**

**Please circle your chosen area of vocational training:**

Business Administration	Childcare	Construction
Customer Service	Health & Social Care	Nurse Cadet
Oral Health Care	Pharmacy Services	Other [please state]

**Which level of vocational Training are you applying for?**

Level 2       Level 3       Level 4

If you are accepted for NVQ training how will you, your work area and your client group benefit from your training?

*NVQ Training will require a period of "time out" for study. If you are employed you should discuss this with your manager and then complete the following section to show that your manager has agreed to support your application.*

Manager's Name	Job Title
Manager's Signature	Date
Work Address	

**7. References**

Please provide names of 2 referees

***This section to be completed only by School and College Leavers***

Name	Position
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Organisation Name [If applicable] & Address

Telephone Number

Name	Position
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Organisation Name & Address

Telephone Number