

Employment, starting with your current/most recent, please complete all columns in full (continue on a separate sheet if necessary)					
Company Name	Job Title	Company Address & Post Code	Company Tel.	Start Date	Leave Date

Supporting Information (please use this space to tell us why you are interested in our training program, what you to are hoping to achieve and details of your hobbies and interests)

How did you hear about us?

Poster displayed at Leaflet obtained from

Recommendation from Other (please describe)

Residency

Have you ever lived outside the UK? YES / NO If yes, date of arrival in UK.....

In which country have you been resident for the past three years?

Unique Learner Number

From 2008/09 it has become necessary to obtain a ULN (Unique Learner Number) to enable us to claim the relevant funding for your training course.

The Managing Information Across Partners (MIAP) service will allow those organisation listed on section 537A of the Education Act to use the Unique Learner Number as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice.

All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purpose.

Please tick here if you wish to opt out of sharing participation and achievement data with those organisations listed in section 537A of the education Act.

Declaration

I declare that the information given in this document is correct to the best of my knowledge. I understand that any wilful mis-statements may affect my placement with EASI Hairdressing Academy, should I be successful.

I consent to the information I provide being kept on file and processed for recruitment purposes in accordance with the principles of the Data Protection Act 1998.

Signature:

Date:

All completed application forms should be sent to the address below:

EASI Hairdressing Academy, Weavers Cottage, 44 South Street, Braintree, Essex CM7 3QH Tel: 01376 552055

OFFICE USE ONLY: Interview details

Interviewed by: Date: Location: Br Centre / Col Centre / Wt Centre

Eligibility checked and accepted onto scheme Yes / No (If No please explain below)

Administration costs explained: Yes / No Amount: £.....

Copy GCSE certificates taken Yes / No

Copy Key Skill certificates taken Yes / No

Copy Passport / Birth Cert / N.I. No. Card attached Yes / No

Prior learning explored Yes / No

Predicted length of stay for NVQ months

Predicted length of stay for K/S months

Employed Yes / No If Yes, Employer name and area

If No, advice on finding employment given Yes / No

Training group allocated?

Yes / No

If Yes, complete start letter information below

If No, (Admin only) training group allocated

Yes / No

Training centre: B.tree / Col / W.ham **Assessor initials:** **First date of training:**

Training program: App / AAp / TTG / PLA / Alt Ed / ISS / Other.....

Frequency:

Day(s): Mon / Tues / Tues Eve / Wed / Thurs / Fri

Comment/notes

Follow Up needed and who is responsible:

EQUAL OPPORTUNITIES MONITORING & IMPROVEMENT

EASI Hairdressing Academy are passionate about providing equal opportunities for all and celebrating our differences. We are committed to ensuring that all Learners have an equal opportunity for training and advancement in accordance with current legislation regardless of gender, marital status, ethnic origin, age, disability, sexual orientation, religion or belief. In order to help us assess the effectiveness of this policy, and if appropriate, identify areas for improvement, we would appreciate it if you complete the sections below. Information given will be kept confidential within the Administration Department. It will not be used in the selection process, nor disclosed outside of the Department.

Background	Age	Gender
Postcode:	Your age:	Male / Female

Dependents	
Do you have children under the age of 16:	YES / NO If so, how many?
Do you have any others dependents:	YES / NO If so, how many?

Marital Status (please circle which describes you best)
Married / Single / Divorced / Civil Partner / Other:.....

Sexual Orientation (please circle which describes you best or indicate if you do not wish to disclose your sexual orientation)
Heterosexual (Straight) / Homosexual (Gay or Lesbian) / Bisexual / Rather not say

Ethnicity (please tick which describes you best)	
<ul style="list-style-type: none"> • Asian or Asian British – Bangladeshi • Asian or Asian British – Indian • Asian or Asian British – Pakistani • Asian or Asian British – any other Asian background • Black or Black British – African • Black or Black British – Caribbean • Black or Black British – any other Black background • Chinese 	<ul style="list-style-type: none"> • Mixed – White and Asian • Mixed – White and Black African • Mixed – White and Black Caribbean • Mixed – any other Mixed background • White – British • White – Irish • White – any other White background • Any other • Rather not say

Religion or Belief (please circle which describes you best)
Bahai'i / Buddhist / Catholic / Christian / Hindu / Jainist / Jewish / Muslim / Rastafarian / Sikh / Zoroastrian / Humanist / Atheist (don't believe) / Agnostic / Other:..... / Rather not say

THE REHABILITATION OF OFFENDERS ACT 1974
Do you have an unspent criminal record, or any pending court case? YES / NO
If yes, please tell us the nature and date of the offence(s)
If deemed necessary can we carry out a police check? YES / NO

Support (all information will be treated in the strictest confidence)
Do you require any additional support to help you achieve or attend training? YES / NO
If you have answered 'YES', it would be helpful to give details to ensure we provide you with the right support. This could relate to a learning difficulty, physical or mental disability or temporary state such as pregnancy.