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| **APPLICATION FORM** |
| **APPLICANT INFORMATION** |
| **Section 1 - course details** |
| COURSE TYPE: | ONLINE ONLY  |  | BLENDED |  | 1- OR 2- YEAR |  |
| QUALIFICATION: | AWARD |  | CERTIFICATE |  | DIPLOMA  |  |
| COURSE NAME: |  | START DATE: |  |

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| **Section 2 - personal details** |
| FIRST NAME:  |  | LAST NAME:  |  |
| DATE OF BIRTH:  |  | AGE: |  | FEMALE  |  | MALE |  |
| NATIONAL INSURANCE NO |  | UNIQUE LEARNER NO. (ULN):  |  |

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| **Section 3 - contact details** |
| CURRENT ADDRESS:  |  |
| POST CODE: |  |
| TEL (HOME):  |  | TEL (MOBILE):  |  |
| EMAIL: |  |

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| **SECTION 4 - Employment Information (IF SPONSORED BY EMPLOYER)** |
| CURRENT EMPLOYER:  |  | CONTACT NAME:  |  |
| EMPLOYER ADDRESS:  |  |
| PHONE (WORK):  |  | E-MAIL:  |
| ADDRESS:  |  |
| POSITION HELD:  |  |
| **section 5 –EMERGENCY / ALTERNATIVE Contact** |
| CONTACT 1 | CONTACT 2 |
| NAME:  |  | NAME:  |  |
| PHONE:  |  | PHONE:  |  |
| RELATIONSHIP:  |  | RELATIONSHIP:  |  |
| **SECTION 6 – nationalitY** |
| NATIONALITY:  |  | COUNTRY OF BIRTH:  |  |
| USUAL COUNTRY OF RESIDENCE:  |  | IF NOT UK BORN, HOW LONG HAVE YOU LIVED IN THE UK? |  |

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| **SECTION 7 - Support services** |
| In order that the training tree can provide appropriate support for you, please tell us about any particular health, educational or domestic issues you may have. Any medical information you provide will be shared with the appropriate people in the case of an emergency situation. Please tick or put an x in all that apply and give further details on a separate sheet if necessary: |
| Do you consider yourself to have a learning difficulty, disability or health problem? | YES |  | NO |  |
|  Epilepsy |  | Moderate learning difficulty |  | Blind / visual impairment |  |
| Diabetes |  | Autism spectrum disorder |  | Deaf / hearing impairment |  |
| Asthma |  | Dyslexia |  | Mobility difficulties |  |
| Emotional difficulties |  | Dyscalculia |  | Temporary disability after illness / accident |  |
| Behavioral difficulties |  | Multiple learning difficulties |  | Other physical difficulties |  |
| Food allergies (include details below) |  | Mental health difficulties |  |  |  |
| Other, please state: |  |
| I have had learning support before | YES |  | NO |  |
| Do you have a medical condition which significantly affects daily life? Please check below and give details on a separate sheet: |
| I have an EpiPen for anaphylactic shock recovery |  | I have been given medical advice to follow in an emergency |  |
| I have to carry routine / prescribed medicines |  | I am receiving medical treatment by my GP / hospital |  |
| I have a learning or health condition that I would like to discuss |  |
| If not listed above please specify details: |
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| **Section 8 – qualifications (gsce’s / o / a levels not required)** |
| College/University | Year | Qualification | Subject/Awarding Body | Copy of certificate attached (required for enrolment) |
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| Section 9 – personal statement |
| Please include your reasons for choosing the course, career plans, jobs / work experience / voluntary work, relevant interests or hobbies and other achievements (please continue on a separate sheet if necessary). |

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| **SECTION 10 – ethnicity** |
| Monitoring of ethnic origin. Completion is voluntary and information supplied will be used only for statistical purposes and will be treated as confidential. Please tick the group to which you belong: |
|  White - British |  | Asian or Asian British – Bangladeshi |  | Mixed – White and Black Caribbean |  |
| White - Irish |  | Asian or Asian British - Pakistani |  | Mixed - any other Mixed background |  |
| White – any other background |  | Asian or Asian British – Indian  |  | Black or Black British - any other Black background |  |
| Gypsy or Irish Traveler |  | Asian or Asian British - any other Asian background |  | Black or Black British – African |  |
| Chinese |  | Mixed - White and Asian |  | Black or Black British – Caribbean |  |
| Arab |  |  |  |  |  |

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| **Section 11 – for our statistics (VOLUNTARY INFORMATION)** |
| What are you intending to do on completion of your course? |
| In paid employment |  | Setting up your own business |  |
| Higher education course |  | Other  |  |
| How did you hear about this course? |
|  Recommended by TTT student |  | Recommended by employer |  | Recommended by other |  |
| TTT website |  | Other website |  | TTT stand at a show |  |
| TTT email / Mailchimp |  | Magazine ad |  | Leaflet  |  |
| Facebook |  | Twitter  |  | I am a previous student |  |
| Other |  |

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| **Section 12 – PAYMENT METHOD** |
| Who will be paying the course fees? | Me |  | My employer |  |
| PREFERRED PAYMENT METHOD: |
| Online | Full fees payment level 4 award |  |
| Full fees payment level 4 certificate |  |
| Full fees payment level 4 diploma |  |
| Staged – award to certificate to diploma |  |

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| **Section 13 – Privacy** |
| The personal information you provide is passed to the Skills Funding Agency (SFA) when needed and the SFA’s Learning Records Service to create and maintain and unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training. Further information may be found here<http://skillsfundingagency.bis.gov.uk/privacy.htm>[www.learningrecordsservice.org.uk/document/library/documents/Code+Practice+for+Sharing+of+Personal+Information.htm](http://www.learningrecordsservice.org.uk/document/library/documents/Code%2BPractice%2Bfor%2BSharing%2Bof%2BPersonal%2BInformation.htm)  |
| Can we contact you? If no, please mark below |
| I do not wish to be contacted about courses, learning or coaching opportunities |  |
| I do not wish to be contacted for surveys / research |  |
| **Section 14 – student declaration and learning agreement** |
| **I confirm all of the information I have given is correct.** I have received advice and guidance on my choice of learning programme including entry requirements, guided learning hours, time required outside of the classroom to complete coursework, the nature of the programme and progression opportunities. I confirm this programme is suitable.I understand that:* I will take responsibility for my own learning, completing assignments on time to my best ability and in accordance with assessment planner provided on enrolment.
* I am aware of the company policies and procedures, as available [here](https://1drv.ms/u/s%21AiW7QMmKugwPkFWdjrU6uAJ5PnJa?e=Ms9TcU).
* I am aware of and agree with the payment details sheet terms.
* I will conduct myself in a way which complies with company policies and procedures.
* I will inform learn@thetrainingtree.co.uk in writing, within 5 working days, if my contact details change (e.g., phone number, address, email) or if I decide to leave the programme, giving reasons. Full fees still apply.
* That my fees must be paid prior to or during enrolment and that no refunds or waivers will be given once I start attending the course, unless the course is cancelled by the company.
* It is my responsibility to ensure that all my fees are paid.
* Additional fees may be incurred if I fail to meet assignment submission deadlines and / or if I submit more than 2 submissions per assignment (see ‘payment details’ sheet).
* Additional fees incurred during the course will be paid within 1 month of the fees being charged.
* If I do not pay fees in full, I may be liable for charges the company incurs whilst collecting payments.
* The company accepts no liability for additional costs that I may incur whilst undertaking this course.
* I will return any books or equipment loaned to me requested or when I leave the course (whichever is sooner), otherwise a penalty fee will be incurred.
* I accept that the company may require a photograph of me for my learning records.
* I accept that the company may record video sessions or classroom sessions for use on the online learning portal.
* The company reserves the right to change or cancel courses. Refunds are issued in accordance with the refund policy.
* Further terms will be agreed on enrolment.

I authorise the company to provide appropriate information to my parent(s) or guardian(s) (if under 19) or employer or sponsor (if sponsored) on progress and attendance on courses for which I have enrolled, or in the event of any cause for concern or a medical emergency. |
| **APPLICANTS Signature** |
| Signature of applicant: |  | Date: |  |