

**Please complete in your own handwriting**

Course: Level 2  Level 3  Barbering Level 2  Barbering Level 3

Surname: .....

First Names: .....

Address: .....

Postcode: ..... Time at address (Years/Months).....

Country of Birth .....

Telephone (Home): .....

Mobile: .....

Email: .....

Date of Birth: ..... Current Age: .....

Gender: Male  Female

Next of Kin Name & Tel No for Emergencies:.....

Relationship to you:.....

Address (if different from above):.....

Postcode:.....

We are committed to providing equal opportunities and the information below is requested by the government to ensure equal opportunities are monitored. Please tick one that applies to you or tick the box to indicate that you do not wish to supply this

- WHITE**  
 English / Welsh / Scottish / Northern Irish / British  Irish  
 Gypsy or Irish Traveller  Any other white background

- MIXED / MULTIPLE ETHNIC GROUP**  
 White & Black Caribbean  White & Black African  
 White & Asian  Any other mixed / multiple ethnic background

- ASIAN / ASIAN BRITISH**  
 Indian  Pakistani  Bangladeshi  
 Chinese  Any other Asian background

- BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**  
 African  Caribbean  
 Any other Black / African / Caribbean background

- OTHER**  
 Arab  Any other ethnic group  Prefer not to say

Nationality: .....

National Insurance No: 

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**Educational History**

Last/Current School Attended: .....

Date: From: ..... To: .....

Please indicate any qualifications you have completed in the past and the grades awarded (school, training provider or college). Certificates will need to be seen by your JET Training Co-ordinator.

SUBJECT	LEVEL	DATE TAKEN	ESTIMATED GRADE	GRADE ACHIEVED
Maths GCSE				
English GCSE				
Functional Skills Maths				
Functional Skills English				

Other Awards/Qualifications details: .....

# Apprentice Application Form

**Work Experience/Employment History**

If you are currently employed by a salon please provide details of your employer.

Salon Name: .....

Contact Person: .....

Address: .....

Postcode: .....

Telephone Number: .....

Start Date ..... How long have you been employed .....

How many hours do you work? .....  
 (You must be employed for a minimum of 30 hours to undertake your Apprenticeship Programme)

Please list details of any work experience, including Trident, Part Time employment to date, starting with most recent.

Employer Name	Start Date	Duties

Have you previously been on any other Training Scheme?  
 YES  NO

If Yes:

Name of Training Provider	Course Name	Date Started	Date left/completed

**Prior Learning/Experience**

Please detail any previous hairdressing industry or vocational skills and experience you already have, including any Traineeships or Apprenticeships

Please indicate if any of the following apply to you:	Tick
I have no previous work experience or have work experience but for less than one month	
I have more than one month's work experience but it is not in the hairdressing sector I am going to train in	
I have more than one month's work experience and it is in the hairdressing sector that I am going to train in (e.g. you have been employed in a salon and have some basic skills already)	
I have previously been on either an Apprenticeship or Traineeship	

Please provide further comment on the above .....

**Employment and Career Progression Objectives**

Write a brief summary of your career and employment objectives, for example why you would you like to work in the hairdressing industry? Would you like to progress to an advanced apprenticeship? Any other objective you might have.....

**Learner Declaration** - I confirm that all the information on this form is correct and I understand that references may be requested and I wish to be considered for an interview to discuss a relevant programme of learning.

Learner Signature: .....Date: .....

# Interview Record – To be completed at time of interview by the interviewer (JET Staff Member)

**Data Protection Act 1998 – The information you provide on this form will be passed to The Skills Funding Agency. The Skills Funding Agency is registered under the Data Protection Act 1998. The Skills Funding Agency will collect and share this information with other organisations for the purpose of administration, careers and other guidance, statistical and research purposes.**

**This will allow The Skills Funding Agency and its partners to monitor performance, improve quality and plan future provision.**

<p><b>General Eligibility</b> (All applicants must answer these questions)</p>	<p>Eligibility Form to be completed if first question is answered <b>NO</b></p> <p>(See Admin)</p>																								
<p>Have you been living in the United Kingdom or any other member state of the European Union for the last three years? (excluding holidays) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you born or do you have citizenship (hold a passport in) of either the United Kingdom or any other member state of the European Union/Area? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Passport Number - .....</p> <p>Birth Certificate - .....</p>																								
<p><b>Programme Suitability</b></p>	<p>If Learner is in other funded training please state where and what this is?</p> <p>If Level 4 achieved - not fundable - see Line Manager</p>																								
<p>Are you currently in full time compulsory Education? (this means still in year 11) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently in any other funded training programme? (e.g. College, Traineeship, A Levels, Apprenticeship) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a graduate of higher education or have a level 4 qualification e.g. HND? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Did the learner indicate any prior qualifications that would have an impact on the planned framework? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Examples of qualifications that may have an impact:</p> <table border="0"> <tr> <td><input type="checkbox"/> VRQ Level 2 Hair</td> <td><input type="checkbox"/> Level 1 Math Functional Skill</td> </tr> <tr> <td><input type="checkbox"/> VRQ Level 2 Barbering</td> <td><input type="checkbox"/> Level 2 Math Functional Skill</td> </tr> <tr> <td><input type="checkbox"/> VRQ Level 2 Beauty</td> <td><input type="checkbox"/> Level 1 English Functional Skill</td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 2 Hair</td> <td><input type="checkbox"/> Level 2 English Functional Skill</td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 2 Barbering</td> <td><input type="checkbox"/> GCSE English Literature</td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 2 Beauty</td> <td><input type="checkbox"/> GCSE English Language</td> </tr> <tr> <td><input type="checkbox"/> VRQ Level 3 Hair</td> <td><input type="checkbox"/> GCSE Math</td> </tr> <tr> <td><input type="checkbox"/> VRQ Level 3 Barbering</td> <td></td> </tr> <tr> <td><input type="checkbox"/> VRQ Level 3 Beauty</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 3 Hair</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 3 Barbering</td> <td></td> </tr> <tr> <td><input type="checkbox"/> NVQ Level 3 Beauty</td> <td></td> </tr> </table> <p><b>Copies of certificates will be required - APL</b></p> <p>If 'Other' please state below ..... .....</p> <p>Please indicate if these were part achieved (Units only) or full awards ..... .....</p>	<input type="checkbox"/> VRQ Level 2 Hair	<input type="checkbox"/> Level 1 Math Functional Skill	<input type="checkbox"/> VRQ Level 2 Barbering	<input type="checkbox"/> Level 2 Math Functional Skill	<input type="checkbox"/> VRQ Level 2 Beauty	<input type="checkbox"/> Level 1 English Functional Skill	<input type="checkbox"/> NVQ Level 2 Hair	<input type="checkbox"/> Level 2 English Functional Skill	<input type="checkbox"/> NVQ Level 2 Barbering	<input type="checkbox"/> GCSE English Literature	<input type="checkbox"/> NVQ Level 2 Beauty	<input type="checkbox"/> GCSE English Language	<input type="checkbox"/> VRQ Level 3 Hair	<input type="checkbox"/> GCSE Math	<input type="checkbox"/> VRQ Level 3 Barbering		<input type="checkbox"/> VRQ Level 3 Beauty		<input type="checkbox"/> NVQ Level 3 Hair		<input type="checkbox"/> NVQ Level 3 Barbering		<input type="checkbox"/> NVQ Level 3 Beauty	
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<p><b>Prior Qualifications &amp; Prior Learning</b></p> <p><b>REFER TO APPLICATION FORM/DISCUSS VOCATIONAL SKILLS SCAN</b></p> <p>Have you completed a vocational qualification at school or college in hairdressing or beauty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes please specify: ..... .....</p> <p>Have you had any relevant work experience that might have an impact on the planned framework? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																									

