



Haddon Training Limited Learner Application Form

SECTION ONE							
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>						
First Name				Surname			
Home Address					Post Code:		
Telephone Landline				Telephone Mobile			
Email address							
Date of Birth				If you are under 19 please ensure that you complete Section 7 overleaf.			
National Insurance No					Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Area of training required:	Equine <input type="checkbox"/>		Animal Care <input type="checkbox"/>		Business Sector <input type="checkbox"/>		
				TAQA <input type="checkbox"/>			

SECTION TWO: Prior Qualifications						
Qualification	Date Achieved	Result/Grade		Qualification	Date Achieved	Result/Grade
GCSE Maths						
GCSE English						
Others - please list:						

NB You must supply copies of all certificates including Maths and English and sign the following declaration:

I confirm that I have listed ALL qualifications and prior attainment, including any vocational or work based programmes and further or higher education qualifications'.
Signed: _____

SECTION THREE: Equality & Diversity										
Haddon Training operates an Equality & Diversity policy. Please complete this section in full by ticking anything that applies to you:										
Asian or Asian British:			Mixed:			Black/African/Caribbean Black British:			White:	
Indian	39	White & Black Caribbean	35	African	44	English/Welsh/Scottish/Northern Irish/British				31
Pakistani	40	White & Black African	36	Caribbean	45	Irish				32
Bangladeshi	41	White and Asian	37	Other Black background	46	Other White Background				33
Chinese	42	Other Mixed Background	38			Any other ethnic group				98
Other Asian background	43	Ethnicity not provided	99	Arab	47					
Is English your first language Yes <input type="checkbox"/> No <input type="checkbox"/> If no please state your first language: _____										

SECTION THREE: Special Support Assistance (please tick what applies to you)				
I have a visual impairment		01	I have moderate learning difficulty (may need help with reading or writing)	01
I have a hearing impairment		02	I have severe learning difficulty	02
I have a disability affecting mobility		03	I have dyslexia	10

SECTION THREE: Special Support Assistance (continued)				
I have an unseen disability (diabetes, asthma, epilepsy)		05	I have dyscalculia	11
I have a mental health difficulty		07	I have autism spectrum disorder	20
I have aspergers syndrome		10	I have no learning difficulties	98
I have no disability		98	I wish to discuss my needs before the start of the course (if you tick this box you will contacted by Additional Learning Support	
Please give details of any other health or medical condition, phobia or circumstances not mentioned above that you feel we need to take into account for your health, safety and wellbeing:				

SECTION FOUR: Eligibility		Yes	No
1. Have you lived in the EU for 3 years or more?			
2. Have you been in full time education during this period?			
3. Are you an EU citizen?			
4. Are you a refugee?			
5. If you answered yes to Question 4, do you have exceptional leave to stay in the UK?			
6. Are you an Asylum Seeker?			
7. Have you left school?			
8. Are you attending College?			
9. Are you currently in Higher Education?			
10. Do you have a degree?			
11. Do you come from Wales or Scotland?			

SECTION FIVE: My Placement:	Yes	No		Yes	No
I want to work but still live at home			I have an employer who would employ me as an apprentice:		
I am happy to work and live away from home			Name of company:		
I am happy to share accommodation on site			Contact Name:		
			Telephone Number:		
			Date started at employment (if applicable):		

SECTION SIX: Information, Advice and Guidance		Yes	No
I have spoken to a careers advisor			
If yes, please give details:			
Would you like any further information, advice and guidance and help with your career and training			

SECTION SEVEN: Declaration (must be completed by all applicants under 18 years of age)	
Parent / Guardian Name	
Address	
Contact Numbers:	Landline: _____ Mobile: _____

We are required by the Data Protection Act 1998 to get your permission to process any information on this form. Please sign below the following declaration:

I confirm the information on this form is correct to the best of my knowledge and agree to Haddon Training Limited processing any data on the form as required for my training.

Signature			
Print Name		Date	

How did you hear about Haddon Training?							
Connexions office	<input type="checkbox"/>	Careers Literature	<input type="checkbox"/>	Web Site	<input type="checkbox"/>	Previous Learner	<input type="checkbox"/>
School Careers Fair	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Twitter / Facebook	<input type="checkbox"/>	Advertising	<input type="checkbox"/>