

Learner Application Form



Application for a place on a Span Training Programme

(Learner to please complete in own handwriting.)

Connexions Office:

Connexions Personal Advisor:

PERSONAL

Surname:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Forename:	Date of Birth:
Address:	Age: years months.
.....	Name of parent/guardian/key worker:
.....
Post code:	Name of last/present school:
Tel. n ^o : (.....).....
Mobile:	School leaving date:
NI number:	Date leaving full time education:
Email:

EQUAL OPPORTUNITIES

Nationality:

How long have you lived in the UK?

Ethnic Group:

(Span runs an Equal Opportunities policy. To help us ensure all applicants are treated equally please tick the relevant box below.)

- | | |
|------------------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Mixed – White & Black African |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Mixed – White & Black Caribbean |
| <input type="checkbox"/> Asian or Asian British – Any other Asian background | <input type="checkbox"/> Mixed – any other Mixed background |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> White – British |
| <input type="checkbox"/> Black or Black British – Caribbean | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> Black or Black British – Any Other Black background | <input type="checkbox"/> White – Any other White background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Any other |
| Is English your 1 st language? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

HISTORY

Where did you hear about Span?

Have you ever been on a Hairdressing Apprenticeship before? Yes No

If YES, which training provider were you with?

Type of programme:

Start date with previous provider:

End date with previous provider:

Achievements with previous provider:

Any additional social/learning/funding issues to be considered? Yes No

Any previous employment/work experience?
.....

What is the earliest date you can start?

Which areas would you be prepared to travel to on a daily basis for work?
.....

QUALIFICATIONS

If you are a new school leaver, what are your predicted GCSE exam results or other qualifications?

If you have left school, what were your actual results or have you any other qualifications?

<u>Subject</u>	<u>Predicted Grade</u>	<u>Actual Grade</u>
.....
.....
.....
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HEALTH

Have you ever suffered from:

Dermatitis Yes No Eczema Yes No Breathing trouble Yes No

Back problems Yes No Epilepsy Yes No

or any other illness that could be aggravated in a hairdressing environment? Yes No

If so, what:
.....

What are your main hobbies, interests and strengths?

.....
.....

State briefly why you wish to join the Span Training Programme and enter a career in hairdressing.

What are your ambitions for the future?

.....
.....
.....
.....

I agree that this information is correct.

I agree that these details can be held on a database so that information may be sent to me from time to time.

Signed:

Print Name:

Date:

For Office Use Only:

Does the learner meet the LSC eligibility criteria?

Yes No

UK Resident Yes No

Age Yes No

Ability to complete Yes No

For consideration:

.....
.....

Any further action required?

Yes No

Please return this completed application form to:

**Span Training & Development
Park End Barns
Kennington Road
Radley
OXON
OX14 2JW**