

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS

Under the Equality Act 2010, Babington Business College Limited is committed to equal opportunities and will assess applicants for training without regard to gender, marital status, sexual orientation, race, religion, colour, disability, age or domestic circumstances. All information given will be treated as strictly confidential.

Programme Applied For				OFFICE USE ONLY		
Mr / Mrs / Miss / Ms	Surname					
First Name(s)		DOB				
Address						
Postcode						
Have you been a resident in the European Union for 3 years? (please tick)			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
National Insurance Number						
Do you have a long term disability or health problem that affects your ability to carry out normal day to day activities?			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you suffer from an illness we should be aware of? (e.g. diabetes, epilepsy, heart problems, asthma etc)			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If you have any particular arrangements for enrolment, please give details						
Mobile Number		Email Address				
Home Number		What is your preferred method of contact? HOME NUMBER / MOBILE / EMAIL / TEXT/POST/TWITTER/FACEBOOK	How often do you access your emails/FB/Twitter?			

Education						
Please provide details of any secondary, further and higher education qualifications you have achieved or are currently undertaking. This includes any vocational qualifications (NVQ's, SVQ's) or degrees.						
School/ Provider/College/University	From (MM/YY)	To (MM/YY)	Type of Qualification (GCSE, A-level, NVQ, Key Skills etc)	Predicted Grade	Actual grade	Expected Completion Date

Are you attending any other training programmes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, when will it be completed?				
Have you signed up for any other training programmes?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details				
Please briefly explain why you are interested in undertaking the programme you have applied for:				

Employment status

If employed please enter details of full and part time employment.

If unemployed please enter length of time unemployed and then move onto the next section.

No of Weeks:

Current or last employer details

Last or current job title		Time with Organisation (years)	
Employer Name			
Employer Address			
Post Code		Tel No:	
Contact/Supervisor Name			
Email Address			
Website URL			
No. of Employees			

Describe the main aspects of your job role

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What are your normal contracted hours of employment (please enter start and end times for each day worked and include the total hours)?

TIMES	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	TOTALWEEKLY HRS
START								
END								
DAILY HOURS								

Do you have any planned training over the next 12 months or are currently undergoing any other training? If so, please list

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What are your future work aspirations or Career Progression Objectives?

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Which computer package (s) are you familiar with?

Word Excel Databases Internet and emails Presentations Other (please state)

Do you hold a full valid driving licence

Yes No

Do you have daily use of a car or other motor vehicle

Yes No

Please provide details of any holiday commitments during the next 12 months (below)

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Emergency contact details			
Surname		Forename	
Address			
Post Code			
Tel Number		Mobile Number	
Relationship to you			

How did you hear about Babington?	Babington Website	<input type="checkbox"/>	Flyer/leaflet	<input type="checkbox"/>
	National Apprenticeship Service	<input type="checkbox"/>	Next Steps	<input type="checkbox"/>
	Connexions	<input type="checkbox"/>	Friend/Family Member	<input type="checkbox"/>
	School/College	<input type="checkbox"/>	Training Provider	<input type="checkbox"/>
	Employer	<input type="checkbox"/>	Facebook	<input type="checkbox"/>
	Twitter	<input type="checkbox"/>	Search Engine	<input type="checkbox"/>
	Careers Event	<input type="checkbox"/>	Other (please state)	<input type="text"/>

Data Protection Act 1998 - The information you provide will be passed to the Skills Funding Agency (the SFA). The SFA is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include, the Department for Education, the Department for Business, Innovation and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the SFA or its partners.

Please return this form to:

Centre applicable to you - Derby, Dewsbury, Sheffield, Nottingham, Stoke or Lichfield.

Please see www.babingtonbusinesscollege.co.uk for addresses.

Alternatively, please email to:

info@babington.co.uk

I can confirm that the information I have provided on this application form is accurate.

Print name:

Signed:

Date: