

# LEARNER APPLICATION FORM

**PLEASE COMPLETE THE FORM IN BLACK INK AND USING BLOCK CAPITALS.**

Please return the completed form, with two references and the application fee of £25 by post to Viv Sullivan, Dandelion Time, Elmscroft , Charlton Lane, West Farleigh, Maidstone, Kent ME15 0NY.

Or by email to [vivsullivan@dandeliontime.org.uk](mailto:vivsullivan@dandeliontime.org.uk)

The £25 Application Fee can be paid by cheque (payable to 'Dandelion Time') or by bank transfer to HSBC, Sort Code: 40-31-06 Account No: 31824880  
Using your surname followed by ' DCPTS' as the reference.

THANK YOU.

## PERSONAL INFORMATION

<b>SURNAME</b>	
<b>FIRST NAME</b>	
<b>TITLE</b> eg, Mr, Mrs, Miss, Ms etc	
<b>DATE OF BIRTH</b> DD/MM/YY	
<b>ADDRESS</b>	
<b>TOWN</b>	
<b>COUNTY</b>	
<b>POSTCODE</b>	
<b>LANDLINE TELEPHONE NUMBER</b>	
<b>MOBILE TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

<b>DESCRIPTION OF YOUR CURRENT ROLE</b>	
<b>JOB TITLE</b>	
<b>DATE ROLE COMMENCED</b>	
<b>DATE ROLE FINISHED (IF APPLICABLE)</b>	
<b>PLEASE OUTLINE YOUR ROLE</b>	

<b>EDUCATION</b>		
<b>College or University</b>	<b>From/To</b>	<b>Courses and Results</b>

## PROFESSIONAL QUALIFICATIONS

## TRAINING AND DEVELOPMENT

Do you have a disability which is relevant to your application?

Yes

No

If yes, please give details

**We aim to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.**

Do we need to make any specific arrangements in order for you to complete the course of study?

Yes

No

If yes, please give details

For the practical skills element of this training programme (which will include family work and practical skills activities in a natural setting), please give detail here on how you intend for this to be completed? For example, at your current place of work, by volunteering at Dandelion Time (subject to vacancy) or volunteering elsewhere.

## EMPLOYMENT HISTORY

*Begin with present occupation/last employer and work backwards. Please use an additional sheet if required.*

<b>From/To</b>	<b>Employer, Type of Business</b>	<b>Position held, responsibilities and reason for leaving</b>

## PERSONAL STATEMENT

*Please tell us why you want to study this course and why you'd make a great student.*

**Do you have any unspent convictions under the terms of the Rehabilitation of Offenders Act 1974?**  
If yes, please give details:

Yes

No

## DECLARATION

I confirm that all the above information is correct. I understand that if I have withheld or mis-stated any information, it may result in the rejection of my application.

**Signed:**

**Date:**

## DATA PROTECTION

I understand that the information provided by me on this form will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment onto the training programme.

**Signed:**

**Date:**

## EQUAL OPPORTUNITIES MONITORING FORM

In order to assist us in monitoring equal opportunities, please complete this form by placing a tick in the appropriate box within each category. The provision of this information is entirely voluntary and, although it would be helpful for monitoring purposes, if you do not wish to complete any section, please leave it blank.

All responses will be treated in the strictest confidence, and used solely for statistical purposes. Certain information provided by you on this form will constitute sensitive personal data under the Data Protection Act 1998. By providing us with this information, you will be deemed to have explicitly consented to us using such information for the purposes identified on this form.

**TRAINING PROGRAMME APPLIED FOR**

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**WHERE DID YOU HEAR OF THIS PROGRAMME?**

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**GENDER**

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

**AGE**

16 – 20	<input type="checkbox"/>	21 – 30	<input type="checkbox"/>	31 – 40	<input type="checkbox"/>
41 – 50	<input type="checkbox"/>	51 – 60	<input type="checkbox"/>	61 – 65	<input type="checkbox"/>

**MARITAL STATUS**

Single	<input type="checkbox"/>
Partner	<input type="checkbox"/>

Married/Civil Partnership	<input type="checkbox"/>
Divorced	<input type="checkbox"/>

Widowed	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

**DISABILITY**

Under the definition in the 1995 Disability Discrimination Act do you consider yourself to be disabled

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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**ETHNIC GROUP**

Which ethnic group would you say you belong to? Please tick the appropriate box to indicate your ethnic background.

<i>White</i>	British	<input type="checkbox"/>
	Irish	<input type="checkbox"/>
	Other white background	<input type="checkbox"/>
<i>Mixed</i>	White & Black Caribbean	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>
	Other mixed background	<input type="checkbox"/>
<i>Chinese</i>		<input type="checkbox"/>

<i>Black or Black British</i>	Caribbean	<input type="checkbox"/>
	African	<input type="checkbox"/>
	Other black background	<input type="checkbox"/>
<i>Asian or Asian British</i>	Indian	<input type="checkbox"/>
	Pakistani	<input type="checkbox"/>
	Bangladeshi	<input type="checkbox"/>
	Other Asian background	<input type="checkbox"/>
<i>Other ethnic group</i>		<input type="checkbox"/>