



Candidate Application Form

Complete clearly using **BLOCK CAPITALS**. The information on this form will be used for registration and certification purpose

Personal Details

Surname/ Family Name (required)	<input type="text"/>
First Name/ Birth Name (required)	<input type="text"/>
NI Number (required)	<input type="text"/>
Date of Birth (DD/MM/YYYY) (required)	<input type="text"/>
Gender (tick one)	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Email (valid email required)	<input type="text"/>
Address 1(required)	<input type="text"/>
Address 2	<input type="text"/>
City (required)	<input type="text"/>
Postal Code (required)	<input type="text"/>
Country	<input type="text"/>
Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>

Please include a black and white copy of your Passport or Photo ID, to verify your identity.

Next of Kin Details

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Tel No: (Home):	<input type="text"/>	Mobile No:	<input type="text"/>

Employment Status

Unemployed : Go to **Section A**

14 - 19 NEET : Go to **Section A**

Employed : Go to **Section B**

Self Employed : Go to **Section B**

Section A: Unemployed

Tick the box that applies to you [✓]

- 08 Unemployed redundancy, receiving JSA
- 09 Unemployed redundancy, receiving ESA
- 10 Unemployed redundancy not receiving benefits
- 11 Unemployed not redundancy, receiving JSA
- 12 Unemployed not redundancy, receiving ESA
- 13 Unemployed not redundancy, no benefits
- 98 Not known / not provided

Length of Unemployment

- 1. Less than 6 months
- 2. 6-11 months
- 3. 12-23 months
- 4. 24-35 months
- 5. Over 36 months

If applicable, please attach the following:

- 1. JSA: Job Seekers Allowance
- 2. ESA: Employment Support Allowance: Work Related Activity group (ESA WRAG)

Send the scanned Application Form as an attachment by email to - info@lcbl.co.uk

Section B: Current Employment

Company Name:

Job Title:

Job Description:

Do you intend to leave the area in the next 12 months?

Yes

No

Weekly contracted Days / Hours

Days

Hours

Contract Details:

Permanent

Fixed

Full (> 16 Hrs Per Wk) or Part (< 16 Hrs Per Wk) Time?

Full

Part

Employer Contact Details

Training Contact:

Job Title of Contact:

Tel No: (Work):

E-mail of Contact:

Workplace Address:

Postcode:

Equal Opportunities

Please tick as appropriate:

- | | | | | | | | | |
|-----------|---|--------------------------|-----------|------------------------------------|--------------------------|-----------|-------|--------------------------|
| 41 | Asian or Asian British - Bangladeshi | <input type="checkbox"/> | 36 | Mixed - White and Black African | <input type="checkbox"/> | | | |
| 39 | Asian or Asian British - Indian | | 35 | Mixed - White and Black Caribbean | <input type="checkbox"/> | | | |
| 40 | Asian or Asian British - Pakistani | | 38 | Mixed - Any Other Mixed Background | <input type="checkbox"/> | | | |
| 43 | Asian or Asian British - Any Other Asian Background | | 31 | White - British | <input type="checkbox"/> | 32 | Irish | <input type="checkbox"/> |
| 44 | Black or Black British - African | | 33 | Gypsy or Irish Traveler | <input type="checkbox"/> | | | |
| 45 | Black or Black British - Caribbean | <input type="checkbox"/> | 34 | White - other Background | <input type="checkbox"/> | | | |
| 46 | Black or Black British - Any Other Black Background | <input type="checkbox"/> | | Any other ethnic group | <input type="checkbox"/> | | | |
| 42 | Chinese | | 47 | Arab | | | | |

Health

Listed below are some issues that might affect your studies. If you have any of the problems below, please tick the box so that we can ensure that all the necessary support is made available to you.

1. Visual Impairment (e.g. colour vision or any other difficulties with vision)
2. Hearing Impairment
3. Disability affecting mobility (e.g. arthritis, difficulty walking, standing, use of hands / arms / lifting)
4. Other medical condition (e.g. Asthma, Diabetes, Epilepsy, Blood disorder, heart, blood pressure or circulation difficulties Eczema, allergies, stomach, bladder, kidney, liver or digestion difficulties, disorder of the nervous system)
5. Emotional / behavioral difficulties
6. Not known / information not provided
7. Mental ill health (nerves, anxiety, depression)
8. Profound complex disabilities

9. Temporary disability after illness (e.g. post viral or accident)
10. Other (e.g. physical co-ordination, speech problems, dyslexia, concentration, memory lapse, other learning difficulties, working at heights, frequent headaches)
11. No disability or health problem

Qualifications

Please list ALL of the qualifications you hold (NB. You may be required to present these certificates on request):

QUALIFICATION	GRADES	YEAR	CERTIFICATES AVAILABLE?			
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Other relevant qualifications and year completed (e.g. First Aid, Health & Safety, NVQs)

Highest Prior Attainment Code for IILR (Tick as appropriate)

09 Entry Level		04 Level 4 (Degree or teaching qualification) <input type="checkbox"/>
07 Other Qualification below Level 1		05 Level 5 (post graduate) <input type="checkbox"/>
01 Level 1 (GCSEs grades D - G)		97 Other Qualifications (Level Not Known) <input type="checkbox"/>
02 Level 2 (NVQ 2, 5 + GCSEs A - C)		98 Not Known <input type="checkbox"/>
03 Level 3 (2 or more A Levels)		99 No Qualifications <input type="checkbox"/>

Where did you hear about LCBL courses?

Agency Referral e.g. Job Centre Plus	<input type="checkbox"/>
Employer Recommendation	<input type="checkbox"/>
Friend / Word of Mouth	<input type="checkbox"/>
Newspaper Advert	<input type="checkbox"/>
Website - please specify:	<input type="checkbox"/>
Flyer / Leaflet	<input type="checkbox"/>
Other	<input type="checkbox"/>

I declare that all the information given on this form is correct:

Candidate Signature:

Date:

Recruiter's Name:

Recruiter's Signature:

Date:

Recommended Qualification:

Level:

Programme:

Awarding Body: