

5 Other qualifications / personal achievements

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6 Work experience/and or employment history (including part time)

Employer	Type of work/Post held	Date from	Date to

Do you already have/or been offered a full time job with an employer willing to support your apprenticeship? YES / NO
If yes, please provide employer's name, address & telephone number.

If no would you like Business Services to forward a copy of this application form to prospective employers? YES/NO
Under the Data Protection Act, if yes, please sign below to confirm your authorisation.

Signature.....

7 More about you

What are you good at?

What could you be better at?

Hobbies and interests

8 Your plans

Why do you want to apply for this Apprenticeship and what would you like to do in the future?

Have you been permanently resident in the EU for the past 3 years?	YES / NO
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9 Declaration
I certify that the information given in this application is correct in all aspects

Signature	Date
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Please return this completed Application form to:
Business Services, Farnborough College of Technology,
Boundary Road, Farnborough, Hampshire GU14 6SB

Equal Opportunities Monitoring Form

Farnborough College of Technology is committed to equality of opportunity. In order to promote education and training opportunities for all, the Department for Education and Skills has requested that Colleges collect this information. This information will be treated in the strictest of confidence.

Please tick the following boxes as appropriate

Gender

Female

Male

Ethnic Origin

23	White – British	<input type="checkbox"/>	2	Mixed – White & Black Caribbean	<input type="checkbox"/>
24	White –Irish	<input type="checkbox"/>	1	Mixed – Other mixed background	<input type="checkbox"/>
25	White – Other	<input type="checkbox"/>	2	Black or Black British - African	<input type="checkbox"/>
11	Asian/Asian British - Bangladeshi	<input type="checkbox"/>	1	Black or Black British – Caribbean	<input type="checkbox"/>
12	Asian/Asian British - Indian	<input type="checkbox"/>	6	Black or Black British - other	<input type="checkbox"/>
13	Asian/Asian British - Pakistani	<input type="checkbox"/>	1	Chinese	<input type="checkbox"/>
14	Asian/Asian British - other	<input type="checkbox"/>	8	Nepali	<input type="checkbox"/>
19	Mixed – White & Asian	<input type="checkbox"/>	9	Other Ethnic Group	<input type="checkbox"/>
20	Mixed – White & Black African	<input type="checkbox"/>	0	Don't know or don't want to say	<input type="checkbox"/>
			8		

Please state your Nationality:

Data Protection Act 1998 – Data requested/used by the College is covered under the Data Protection Act 1998. Personal data will be used for the purposes of College business and will be held for no longer than is required. Where appropriate, the data may be processed by other departments within the College.

The data will not be passed to any other third party without your consent, except where the College is by law required to do so, e.g. Skills Funding Agency or you have given authorisation for us to pass on your details to an employer. Any formal queries concerning the use of your data should be addressed to the Academic Registrar (College Data Protection Officer)

Information on Health Needs or Disability

Please take the time to tell us about any health needs or disability you have.

Next of kin/Contact in an emergency

Name	Address
Relationship	
Telephone number (Home)	(Mobile)

Health Needs

Please tick the appropriate box(es) below if any of the following apply to you, and give brief details:

Skin complaint or sensitivities	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>
Tuberculosis/persistent coughing	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>
Persistent diarrhoea and/or vomiting	<input type="checkbox"/>	Heart problems	<input type="checkbox"/>
Mental health difficulties	<input type="checkbox"/>	Asthma/breathing difficulties	<input type="checkbox"/>
Migraine	<input type="checkbox"/>	Speech problems	<input type="checkbox"/>
Depression	<input type="checkbox"/>	Fainting	<input type="checkbox"/>
Stomach problems	<input type="checkbox"/>	Skin Allergies	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Any allergies e.g. Nut	<input type="checkbox"/>	None	<input type="checkbox"/>
Are you taking any long-term medication – please state (e.g. for ADHD):			
Other (please give details)			

Support for Students with Disabilities

The College has a Student Services Manager whose role is to advise and support students, ensure appropriate arrangements are in place for students with disabilities, and to ensure policies and practices support equality of opportunity.

Please indicate if you have a disability **for which you will require support** or adjustments during you course

Dyslexia	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>
Deafness/Hard of Hearing	<input type="checkbox"/>	Wheelchair user	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>	Need to access WCs designed for disabled people	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Aspersers syndrome	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	Dyspraxia	<input type="checkbox"/>
Autistic Spectrum Disorder	<input type="checkbox"/>	Dyscalculia	<input type="checkbox"/>
Other (please specify)			

Please call the Student Services Manager on **01252 407346** during your first week, if you have ticked any of the above boxes.