

Application form

Work Based Learning for Young People



**Wiltshire
College**

We will discuss your needs with you individually.
All information on this form will remain confidential.

Personal details

surname	title
forenames	gender: male/female
address	
postcode	
date of birth: day month year	
telephone	
mobile	
National Insurance number	

Parent or guardian

name
address (if different from above)
postcode

Special support/assistance

So that we may support you better in your studies, please indicate here whether you have any barriers to your learning by ticking the appropriate box(es) and giving details in the space below.

I may need help with reading, writing or course work	<input type="checkbox"/>	01
I am dyslexic	<input type="checkbox"/>	02
I have a sensory impairment and will need extra help	<input type="checkbox"/>	03
I am a wheelchair user or have mobility difficulties	<input type="checkbox"/>	04
I have an unseen disability e.g. epilepsy, diabetes or asthma	<input type="checkbox"/>	05
I have a disability or special need not listed above	<input type="checkbox"/>	06
I wish to discuss my needs before the start of the course	<input type="checkbox"/>	07
I have no special needs	<input type="checkbox"/>	00

Ethnic origin

Asian or Asian British:	Mixed:
Bangladeshi <input type="checkbox"/> 11	White and Asian <input type="checkbox"/> 19
Indian <input type="checkbox"/> 12	White and Black African <input type="checkbox"/> 20
Pakistani <input type="checkbox"/> 13	White and Black Caribbean <input type="checkbox"/> 21
other Asian background <input type="checkbox"/> 14	other Mixed background <input type="checkbox"/> 22
Black or Black British:	White:
African <input type="checkbox"/> 15	British <input type="checkbox"/> 23
Caribbean <input type="checkbox"/> 16	Irish <input type="checkbox"/> 24
other Black background <input type="checkbox"/> 17	other White background <input type="checkbox"/> 25
Chinese <input type="checkbox"/> 18	any other <input type="checkbox"/> 98
	not known/not provided <input type="checkbox"/> 99

Examinations

subject	level eg GCSE, GNVQ Intermediate	results:	
		predicted	known

School(s) attended

name	from	to

Training areas of interest

The attached page lists the areas in which we offer training. Please choose any areas in order of interest, and say which site you prefer if more than one is available

area of interest	site
1	
2	
3	



Office use only

date received	
date acknowledged	
eligibility checked	Y/N
logged on RD	Y/N
interview letter sent	1
	2
date of interview	1
	2
Attended	1 yes/no
	2 yes/no

Previous work

Please give employer's name and dates of any previous full- or part-time jobs

Previous training

Please give details of any previous training

Work placement

If you have been offered a work placement, please give details:

name _____

address _____

_____ postcode _____

telephone _____

Spare time interests

Please let us know what you do in your spare time

Connexions centre Which one are you registered with?

Connexions use only

CX UIN _____

Please include comments on behaviour and attendance

Section 140 included: **yes/no**

Guarantee date: _____

PA name _____

Signature _____

CX centre _____

Your signature

_____ date

Please return the completed form to the appropriate Workbase Training office:

Chippenham **Workbase Training Administration Office
Wiltshire College Chippenham
Cocklebury Road, Chippenham
Wiltshire SN15 3QD**

Lackham **Workbase Training Administration Office
Wiltshire College Lackham
Lacock, Chippenham, Wiltshire SN15 2NY**

Trowbridge **Workbase Training Administration Office
Wiltshire College Trowbridge
College Road, Trowbridge, Wilts BA14 0ES**

Salisbury **Workbase Training Administration Office
Wiltshire College Salisbury
Southampton Road, Salisbury
Wiltshire SP1 2LW**