



## HOBBIES AND SPARE TIME INTERESTS

## EMPLOYMENT DETAILS

Are you employed, or have you applied for employment?\*

Yes	No	Applied
-----	----	---------

Would this employer support your application for Work Based Learning?\*

Yes	No
-----	----

Employer Name:

Employer Address:

Employer Telephone Number:

Contact Name:

Please give brief details of any other work experience you have had, including how long it lasted:

## MARKETING INFORMATION

How did you hear about Huntingdonshire Regional College?

Newspaper/Mag	Radio	Town Centre	Event	HRC	Other
Hunts Post <small>(N1)</small>	Heart FM <small>(R1)</small>	Billboard <small>(T1)</small>	HRC open day <small>(E1)</small>	Website <small>(H1)</small>	Connexions <small>(O1)</small>
News & Crier <small>(N2)</small>	Kiss FM <small>(R2)</small>	Bus <small>(T2)</small>	HRC taster day <small>(E2)</small>	Letter <small>(H2)</small>	Your school <small>(O2)</small>
Scene magazine <small>(N3)</small>	Other station <small>(R3)</small>	Town shop <small>(T3)</small>	School visit <small>(E3)</small>	Email <small>(H3)</small>	Job Centre <small>(O3)</small>
Pride magazine <small>(N4)</small>			Wood Green <small>(E4)</small>	Text <small>(H4)</small>	Library <small>(O4)</small>
Other paper <small>(N5)</small>			Other event <small>(E5)</small>		Friend/family <small>(O5)</small>
Other magazine <small>(N6)</small>					Yellow Pages <small>(O6)</small>

Where did you pick up your copy of our prospectus?

Please tick here if you are happy to receive details on our latest course information and event details

## LEARNING SUPPORT

We are committed to helping our learners succeed and therefore wish to identify any support you may need at an early stage. Please advise us of any specific learning needs you have which may affect your study. Please tick any relevant boxes below.

Visual Impairment	Autism Spectrum Conditions
Dyslexia	Dyspraxia
Severe learning difficulty	ADHD
Hearing Impairment or Difficulty	Mental Health
Dyscalculia	Other: Please state below
Speech Impediment	

Have you got a Statement of Educational Needs? Yes  No

Is English your first language? Yes  No  If no what is your first language?

I would like a member of The Learning Support Team to be present at my interview to discuss any support needs, so that these can be put into place as soon as possible

### MEDICAL CONDITIONS

If you have any disabilities or medical conditions we can contact you in confidence to discuss the support available. Please indicate medical conditions that we may need to be aware of. Please tick any relevant boxes below.

Anxiety/nervousness		Asthma or breathing difficulties	
Diabetes		Temporary disability after illness	
Migraines		Fainting	
Skin allergies e.g. eczema		Disability affecting mobility	
Difficulty standing / sitting		Other physical disability	
Working at heights		Other: Please state below	
Epilepsy			

### ANY OTHER INFORMATION

If you would like to give us any further information which may help your application please use the space below or attach an additional sheet

### DATA PROTECTION

I agree that the information given on this form may be used for the registered purposes under the terms of the Data Protection Act 1998. I consent to the storage of the above information on manual and computerised files. I understand that the full College Data Protection Policy Statement and Guidelines is available on the College website or intranet. The data you supply may be used by the LSC to issue you with a Unique Learner Number (ULN). Further details of how your data is processed and shared can be found at [www.miap.gov.uk](http://www.miap.gov.uk).

### SHARING OF INFORMATION

If your 19<sup>th</sup> Birthday falls during the programme, may we still consult with your parents? Yes  No

**Important!**

The information you have given on this form will be treated in confidence. However, from time to time we are contacted by employers seeking to recruit new staff. Do you consent to the Apprenticeship Office passing details of your education and employment history to interested employers?\*

Yes  No

**Declaration:**

I confirm that the information I have given in this application form is correct as far as I am aware.

Signature:

Date:

Huntingdonshire Regional College is committed to Equal Opportunities. Courses are open to all members of the community on an equal basis.

**When completed, please return this form to: The Apprenticeship Office, Huntingdonshire Regional College, California Road, Huntingdon, PE29 1BL**

**This page for office use only**

ELIGIBILITY				
Age	Employed	Residency	Other programme	Highest Educational Qualification

INTERVIEWS			
Date	Location	Comments	Initials

OUTCOME

NOTES