





**4. HEALTH DECLARATION**

DO YOU HAVE A HEALTH PROBLEM?		YES	NO
PLEASE TICK THE BOX IF YOU ARE AFFECTED BY ANY OF THE FOLLOWING:			
Hearing		Colour vision	Diabetes
Speech		Eyesight requiring glasses	Migraine
Standing		Limited vision	Epilepsy
Walking		Breathing (e.g. asthma)	Blackouts or fainting
Use of hands / arms		Skin allergy (e.g. eczema)	Back problems
Working at heights		Dyslexia	Other – Please specify below
DO YOU TAKE ANY LONG TERM MEDICATION? (Please indicate)			

**5. DISABILITY DECLARATION**

Do you have a disability?		YES	NO
IF "YES", WHAT TYPE OF DISABILITY: (Please tick the appropriate)			
Learning disability		Physical disability	Deafness
Blindness		Mental health disability	Partially sighted
Visual impairment		Hearing impairment	Mobility issue
Emotional disability		Multiple disabilities	
Other, please specify			

**6. ADDITIONAL INFORMATION:**

HOW LONG HAVE YOU LIVED IN THE UK?			
DO YOU HAVE A CRIMINAL RECORD?			
DID YOU COMPLETE YOUR FINAL YEAR AT SCHOOL?			
ARE YOU CURRENTLY ATTENDING COLLEGE?			
ARE YOU CURRENTLY ATTENDING UNIVERSITY?			
DO YOU REQUIRE ADDITIONAL LEARNING SUPPORT? (Literacy/Numeracy)			
PROXY QUALIFICATIONS (KTS Use Only)	ENGLISH	MATHS	ICT

**7. FOUNDATION LEARNING SECTION ONLY**

"CONNEXIONS" PERSONAL ADVISOR NAME							
"CONNEXIONS" PERSONAL ADVISOR LOCATION							
REFERRAL SOURCE							
FOUNDATION LEARNING "ACTUAL START DATE"							
BASIC SKILLS ASSESSMENT CARRIED OUT				YES <input type="checkbox"/>		NO <input type="checkbox"/>	
EMA ELIGIBLE	YES <input type="checkbox"/>	NO <input type="checkbox"/>	LITERACY SCORE		NUMERACY SCORE		
PROOF OF ID OBTAINED	YES <input type="checkbox"/>	NO <input type="checkbox"/>	PROOF OF ID DESCRIPTION				
NAME OF ALLOCATED KTS TUTOR							
"KTS" INTERVIEWER NAME							
"KTS" INTERVIEW DATE AND TIME				DATE		TIME	

**8. ADDITIONAL COMMENTS** (Please feel free to write any additional information about you which would be beneficial, including Hobbies & Interests)

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<b>9. ETHNICITY: (Please select the category which best describes your ethnic background)</b>	
<b>'We use this information for internal monitoring purposes to ensure our services are inclusive and meet the needs of all members of our community'</b>	
<b>ASIAN OR ASIAN BRITISH</b>	
> (11) Bangladeshi	<input type="checkbox"/>
> (12) Indian	<input type="checkbox"/>
> (13) Pakistani	<input type="checkbox"/>
> (18) Chinese	<input type="checkbox"/>
> (14) Other Asian Background	<input type="checkbox"/>
<b>BLACK OR BLACK BRITISH</b>	
> (15) African	<input type="checkbox"/>
> (16) Caribbean	<input type="checkbox"/>
> (17) Other Black Background	<input type="checkbox"/>
<b>MIXED</b>	
> (19) White Asian	<input type="checkbox"/>
> (20) White and Black African	<input type="checkbox"/>
> (21) White and Black Caribbean	<input type="checkbox"/>
> (22) Other Mixed Background	<input type="checkbox"/>
<b>WHITE</b>	
> (23) British	<input type="checkbox"/>
> (25) Irish	<input type="checkbox"/>
> (25) Other White Background	<input type="checkbox"/>
<b>OTHER</b>	
> (98) Please Specify :	<input type="checkbox"/>

<b>10. DATA PROTECTION ACT</b>
<p><b>Data protection Act 1998</b> – The information you provide will be passed to the Skills Funding Agency (SFA) Young Peoples Learning Agency (YPLA) and the Data Service. The SFA/YPLA are responsible for funding, planning and encouraging education and training of young people and adults in England and is registered under the Data Protection Act 1998. The information you provide will be shared with these organisations for the purpose of administration, careers and other guidance and statistical and research purposes. Other organisations with which we could share information include the Department for Education, Department for Business, Innovation and Skills, Connexions, local authorities and organisations conducting research and statistical work on behalf of the SFA/YPLA and its partners. The data service also administers the learner registration service (LRS) which will use your information to create and maintain a unique learner number (ULN). The SFA/YPLA are also co-financing organisations and use European Social Funds from the European union to directly, or indirectly, part finance learning activities, helping develop employment by promoting employability, business spirit and equal opportunities, and investing in human resources. Further information about data collection and your ULN can be found at <a href="http://www.thedataservice.org.uk">www.thedataservice.org.uk</a></p> <p>At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time you may be approached to take part in surveys on behalf of the SFA/YPLA by mail or phone which is aimed at monitoring performance, improving quality and planning future provision.</p> <p>Tick this box if you do not wish to be contacted by the SFA/YPLA or its partners in respect of surveys and research. The SFA/YPLA values your views on the education and training which you receive and will use these to help bring about improvements for learners in England.</p>
<p><b>I declare that the information I have provided in this application is true and accurate to the best of my knowledge and understanding.</b></p>

APPLICANT NAME			
APPLICANT SIGNATURE		DATE	