



For Office Use only	
Assessment successful	Yes / No
Invited for Interview	Yes / No
Interview Date	
Successful	Yes / No

Chertsey House, Chertsey Hill, London Road, Carlisle, Cumbria, CA1 2QX  
 Tel: 01228 593446 Web: [www.rwp.co.uk](http://www.rwp.co.uk)

## APPLICATION FORM FOR WORK BASED LEARNING

<b>Course applied for</b>		Please use <b>BLACK</b> ink and complete <b>ALL</b> sections
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Personal Details	
Title Mr / Mrs / Miss / Other	
Surname ..... First Name(s) .....	
Address .....	
.....	
Postcode .....	E-mail: .....
Telephone No:(Home).....	Mobile: .....
Date of Birth ___ / ___ / 19___	National Insurance No: .....

Education Record <i>(Please give details of the schools/colleges you have attended)</i>			
School / College Name and address		Leaving Date	
School / College Name and address		Leaving Date	
Subject	Exam Taken (eg GCSE, A Level)	Result (or estimated result)	Any other qualification

Please specify below any dates / times when you will NOT be available for interview.

**Employment History** (please list ALL jobs and continue on separate sheet if necessary)

Job Title .....

Employer .....

Dates From ..... To .....

Outline duties and experience gained

.....  
.....

Job Title .....

Employer .....

Dates From ..... To .....

Outline duties and experience gained

.....  
.....

Where did you hear about RWP e.g Connexions? .....

Do you hold a full driving licence? Yes  No

Do you hold a provisional licence? Yes  No

Do you have access to a car? Yes  No

How will you travel to the job / training? .....

Do you consider yourself to be a disabled person? Yes  No

If yes, what is the nature of your disability? .....

.....  
.....

Please give details of any special requirements should you be invited for interview

.....  
.....

Is there any type of work you cannot do for health reasons? Yes  No

If yes, please give details .....

<b>Additional Information</b>	
Please give details of any interests and hobbies you have ..... ..... .....	
Please give reasons why you would like to work and train in this particular job/area of work and what type of company you would like to work for ..... ..... .....	
What other skills do you have or are currently learning? (e.g can you use a computer; play a musical instrument; currently studying photography; hold a First Aid Certificate) ..... .....	
What are your long term ambitions? ..... .....	
Please write below anything you have done or achieved which you are proud of (for example, helped with scout or guide groups, charity walks, Young Enterprise) ..... ..... .....	
Write down 3 words/phrases which describe you (for example, hard worker, confident, fun etc)	
➤	
➤	
➤	
<b>Declaration</b>	
I confirm that to the best of my knowledge the information I have given is correct. I give my full consent that the information contained within this application can be shared with all parties involved in the recruitment and training process – including Connexions, Employers and other Learning Providers	
Signature .....	Date .....

Please use this space to give any further information about yourself in support of your application, e.g skills, experience, school, qualifications, courses attended or specific type of work you would like to do:

# EQUAL OPPORTUNITIES MONITORING FORM

As an Equal Opportunities employer, RWP Training Limited takes every possible step to ensure that individuals are treated equally and fairly, and that decisions relevant to employment and training are based solely on objective criteria. We want to find out whether this policy is working and to do this we need to know details of race, sex, age, ethnic origin, marital status and any disability of people who apply to join an Apprenticeship programme with us. Please complete the following questionnaire.

This section of your application will be held separately from your completed application form. The information you will give will be treated confidentially and will play no part in the recruitment process.

Thank you for your help in this matter.

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**Please circle as appropriate**

**SEX:**            Male                    Female

**AGE:**            16 – 18

                      19 – 25

                      26 – 50

                      51 and over

**ETHNIC ORIGIN:**

White	Black African	Black Caribbean	Black Other
Chinese	Asian	Indian	Bangladeshi
Pakistani	Other		

**DISABILITIES:**

Are you:            Not disabled

                          Disabled but not registered

                          Registered Disabled

**CRIMINAL CONVICTIONS:**

Have you ever been convicted of a criminal offence, other than a 'spent' conviction under the rehabilitation of Offenders Act 1974?

Yes                    No

If yes please give brief details:

.....

.....

**EMPLOYMENT:** *(please circle)*

Are you currently:	Employed	Unemployed	Voluntary Worker
If 'unemployed' please state for how long:		Less than 6 months	6 – 11 months
	12 – 23 months	24 – 35 months	36 months +

# HEALTH DECLARATION FORM

The aim of this form is not to exclude you from your preferred choice of employment unless the risks to your safety and health cannot be controlled. Every effort will be made to assist you in achieving your goals.

In order to help us to make your stay as safe and healthy as possible and to provide you with any additional support that you may need, please answer the following questions. If you require any assistance in completing the form, please ask for help.

Do you suffer from any of the following?

- Epilepsy
- Asthma/ Bronchitis
- Colour Blindness
- Arthritis/ Rheumatism
- None of the above
- Skin Complaints
- Hearing Impairment
- Diabetes
- Physical injuries to back, arms or legs
- Other (if yes, please specify below)
- Heart Problems
- Visually Impaired
- Dyslexia
- Learning Difficulties

Learner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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## FOR OFFICIAL USE ONLY

State any further action which will need to be taken and which has been agreed with the Learner

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Training Provider Signature

\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_