



TRAINING APPLICATION FORM

Personal Information

Last Name:	First Name(s):		
Address:			
Postcode:			
Home telephone:	Mobile:		
E-mail Address:			
Date of Birth:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
National Insurance Number:			
Are you eligible to work in the UK? Yes / No			
Name of Parent/Guardian/Key Worker:			
Address if different:			
Connexions Personal Adviser's Name (if applicable):			
I would like to apply for: Programme Led Pathways/Apprenticeship/Advanced Apprenticeship			
Have you ever been on an Apprenticeship Programme before? Yes / No			
If so, who was your Training Provider?			
I can travel to the following places:			

Please return to:
Chiltern Training Ltd
15 Station Road
Reading
Berkshire
RG1 1LG

Health

Do you have a health problem that could affect the work that you can do?
Yes / No

If yes, please give details:

Profile – Please answer the following questions:

1. Are you registered disabled?

2. Have you previously been assessed for any learning support?

3. Have you had any illness in the last 3 years, which has affected your ability to attend school/college/work?

4. Are you currently receiving any medical treatment for asthma, eczema, diabetes, epilepsy, any allergies or other illness, which could affect your performance in the nursery?

5. Have you ever been cautioned or convicted of any criminal offence i.e. shoplifting/assault etc?

6. Can you foresee any reasons why you may not be able to attend college/work regularly?

If you answer to any of the above is yes, please give full details:

How did you hear about Chiltern Training Ltd?



Equal Opportunities

To help us ensure that all applications are treated equally, it would be helpful if you answer the following questions:

To which of the following groups do you consider you belong?

WHITE		ASIAN OR ASIAN BRITISH	
British		Indian	
Irish		Pakistani	
Other		Bangladeshi	
MIXED		Any other Asian background	
White & Black Caribbean		BLACK OR BLACK BRITISH	
White & Black African		Caribbean	
White Asian		African	
Other mixed		Any other Black background	
CHINESE OR OTHER ETHNIC GROUP			
Chinese			
Any other		PREFER NOT TO SAY	

IF YOU ARE CURRENTLY WORKING AT A NURSERY

Where do you work?

How many hours per week do you work?

What days do you work?

Recommendation from Employer:

(Briefly, why do you feel that this person would be suitable to undertake a childcare course with Chiltern Training Ltd?)

Employer's signature:

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Data Protection Act 1998 (to be read and signed by the applicant)

The company needs to collect and use certain types of information about applicants, in order to operate its business and to fulfil its legal obligations under the Data Protection Act 1998. The company will take all reasonable precautions at all times to guard information against any unauthorised access and use.



To the best of my knowledge and belief the information I have given on this form is correct

I consent to the company holding this information on file, for as long as it is considered necessary, to fulfil the purpose for which it was obtained and to process it in accordance with the requirements of the Act or other procedures implemented by the Company for this purpose from time to time.

Signed:	Date:
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