

APPLICATION FORM

Apprenticeship Course 2020/21

Personal Details: PLEASE PRINT

Surname: _____ Forename(s): _____

Male/Female/Unspecified: _____ Date of Birth: _____

Age on 31/8/2020: _____ Nationality: _____

Address: _____

Postcode: _____

Telephone Number (including area code): _____

Mobile: _____ Email: _____

Please note: we will contact you by text to acknowledge receipt of your application. If you change your mobile number, please notify the Selby College Student Services Admin Team.

Current or Last School/College/Employer: _____

Which Apprenticeship route would you like to follow? _____

Do you have a career in mind for the future? _____

Printed Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian (if under 19 on 1st September 2020): _____

Are you happy for information to be shared with other legal guardians? Yes ☐ No ☐

Privacy Statement

Personal data held by Selby College is subject to General Data Protection Regulations (GDPR). For information about your rights under GDPR you can see our Privacy Notice for Students at www.selby.ac.uk/privacy

Safeguarding Statement

Selby College recognises its moral and statutory responsibility to safeguard and promote the welfare of all students. We work hard to provide a safe and welcoming environment where students are respected and valued. We are alert to the signs of abuse and neglect and follow our procedures to ensure all students receive effective support, protection and justice. Selby College expects Governors, staff and volunteers working on behalf of the organisation to share this commitment.

By signing this form you give your express consent for Selby College to hold and process the sensitive information provided.

☐ I do not have a mobile phone

☐ I am happy to receive correspondence from Selby College

☐ I am happy for my photograph to be used for the purpose of Marketing

☐ I agree to my examination results being published for promotional purposes

Signature of Applicant: _____ Date: _____

Section A

To be filled out by all applicants. (Continue on a separate sheet if necessary.)

Examinations to be taken or already taken: PLEASE PRINT

Subject	Level (eg. GCSE, BTEC, GNVQ, RSA, Etc):
1. Subject Date <i>Maths</i>	Level Estimated/Actual Grade
2. Subject Date <i>English</i>	Level Estimated/Actual Grade
3. Subject Date <i>Core Science*</i>	Level Estimated/Actual Grade

*If you have studied separate Sciences please specify grades

GCSE Subjects

1. Subject
Level
Estimated/Actual Grade
2. Subject
Level
Estimated/Actual Grade
3. Subject
Level
Estimated/Actual Grade
4. Subject
Level
Estimated/Actual Grade
5. Subject
Level
Estimated/Actual Grade
6. Subject
Level
Estimated/Actual Grade

Other Qualifications (highest level first)

1. Subject
Level
Estimated/Actual Grade
2. Subject
Level
Estimated/Actual Grade
3. Subject
Level
Estimated/Actual Grade
4. Subject
Level
Estimated/Actual Grade
5. Subject
Level
Estimated/Actual Grade
6. Subject
Level
Estimated/Actual Grade

Section B

About You:

What interests or hobbies do you have?

What work experience have you had?

Have you applied or will you be applying to any other schools or colleges for a course in 2020?

Yes No

If so, which one(s)?

Which course(s) have you applied for there?

Are you supported by any agencies?

Please tick all that apply:

Social Services	<input type="checkbox"/>	Foundation Housing	<input type="checkbox"/>
Youth Justice	<input type="checkbox"/>	Young Carers	<input type="checkbox"/>
Mental Health Team	<input type="checkbox"/>	Family Support Services	<input type="checkbox"/>
REOTAS/Rubicon/ Targeted Youth Support	<input type="checkbox"/>	Are you eligible for free school meals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (please state			
<hr/>			

Why have you chosen this Apprenticeship?

Briefly state why you wish to be considered for the apprenticeship. Include details of previous/current employment/courses. If you have relevant examination qualifications, please enter these in section A.

[illegible]

If you have already been offered an Apprenticeship with an employer please complete details below:

Apprentice Job Role		
Apprenticeship start date (if known)		
Employer Name		
Employer Address		
Employer Named Contact		
Job Title of Contact		
Employer Telephone Number		
Employer Email Address		
Does your employer know that your preference is to complete your apprenticeship with Selby College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Learning Difficulty/Disability

The following information will not affect how we assess your application (please tick all that apply).

Selby College wants to help all learners reach their full potential. Sharing any support you have previously had, relating to a particular disability or learning need, will help us to support you better (Please tick).

Have you previously received any extra help or support with a disability or learning need?

Yes ☐ No ☐

Do you have a 'statement of Educational Needs' or EHC plan?

Yes ☐ No ☐

Have you previously had any support during exams?

Yes ☐ No ☐

Please tick the priority learning difficulty/disability below

SENSORY

Visual impairment ☐

Hearing impairment ☐

Speech, language and communication needs ☐

PHYSICAL

Profound complex disabilities ☐

Disability effecting mobility ☐

Other disabilities ☐

MEDICAL CONDITION

Asthma ☐

Epilepsy ☐

Diabetes ☐

Profound complex ☐

Multiple disabilities ☐

Other disabilities ☐

MENTAL HEALTH

Mental health difficulties ☐

Social & emotional issues ☐

LEARNING

Dyslexia ☐

Dyscalculia ☐

Autism Spectrum Disorder ☐

Aspergers Syndrome ☐

Moderate learning difficulties ☐

Severe learning difficulties ☐

Temporary disability after illness
(for example post-viral or accident) ☐

Other physical disability ☐

Other medical condition ☐

Other specific learning difficulties
(e.g. Dyspraxia) ☐

Prefer not to say ☐

Please specify any other details here:

Details for any support arrangements you have had at school/college:

Name of Contact:

Tel No:

Reference

All applicants must supply contact details of a referee

Please note: For those applying from school, this should be your Head Teacher, Head of Year or Head of Careers.

Name	
Address	
Postcode	
Email	Relationship to applicant

If you have any difficulty in completing this form please contact
Student Services Tel 01757 211040 or email info@selby.ac.uk

To be sent on completion to: Student Services Admin Team, Selby College, Abbot's Road, Selby, North Yorkshire, YO8 8AT.

For office use only

Date Received:				Ref No.	
Consultation Time & Date:				Staff Member:	
Offer:	UNCO:	A.L:	L3:	L2:	L1:
ACK:		Ref Req:		Int. Lets:	
SLDD:			RC:		LAC:

Date of publication: February 2020

