

APPLICATION FORM-AUTUMN 2010

Name:	
Address:	
Postcode:	
Telephone Number:	
Mobile Number:	
E-Mail Address:	
National Insurance Number:	
Country of Birth:	
What is your first language?	

**Courses to be enrolled for: PLEASE SELECT NO MORE THAN 3 COURSES
(COURSES WILL RUN SUBJECT TO MINIMUM NUMBERS AND FUNDING)**

Improve your English	<input type="checkbox"/>	Beginners IT	<input type="checkbox"/>	Colour-Me-Beautiful	<input type="checkbox"/>	<u>Your Suggestions for courses</u>
Improve your Maths	<input type="checkbox"/>	CLAIT Certificate	<input type="checkbox"/>	First Aid	<input type="checkbox"/>	
ESOL	<input type="checkbox"/>	ECDL		Holistic Therapy	<input type="checkbox"/>	
Life Coaching	<input type="checkbox"/>	ECDL Advanced	<input type="checkbox"/>	Health Promotion	<input type="checkbox"/>	
Job Search	<input type="checkbox"/>	e-Publishing	<input type="checkbox"/>	Stress Management	<input type="checkbox"/>	
Personal Money Management	<input type="checkbox"/>	Text Processing 1	<input type="checkbox"/>	Cook It	<input type="checkbox"/>	
		Text Processing 2	<input type="checkbox"/>			
		Digital Imaging	<input type="checkbox"/>			
		Technology for Technophobes	<input type="checkbox"/>			
		Digital Photography	<input type="checkbox"/>			

Employment Details

Employed Unemployed Economically Inactive Economically inactive
(not in work and not looking for work) (in other training project)

If employed, how many hours do you work each week? _____

Crèche Required (Please give names and ages of children)

1. _____
2. _____

Transport required (Please give details of journey): _____

PLEASE NOTE THAT FILLING IN THIS FORM DOES NOT GUARANTEE A PLACE ON YOUR CHOSEN COURSE(S)



Qualifications: Please tick the highest qualification you hold

- | | |
|--|--|
| <input type="checkbox"/> Fewer than 5 GCSE's (A-C) | <input type="checkbox"/> Advanced awards in ESOL |
| <input type="checkbox"/> 5 or more GCSE's (A-C) | <input type="checkbox"/> NVQ Level 3 |
| <input type="checkbox"/> 1 AS Level | <input type="checkbox"/> Degree |
| <input type="checkbox"/> 1 A Level Pass | <input type="checkbox"/> Teaching Qualification |
| <input type="checkbox"/> 2 or more AS Levels | <input type="checkbox"/> Nursing |
| <input type="checkbox"/> 2 or more A Level Passes | <input type="checkbox"/> NVQ Level 4 |
| <input type="checkbox"/> NVQ Level 2 | <input type="checkbox"/> Other (please state): _____ |
| <input type="checkbox"/> ECDL | |
| <input type="checkbox"/> ECDL Advanced | |

Personal Details:	
Date of Birth (DD/MM/YY):	Your age today
Disability	
Do you have a disability and/or health condition? (A person has a disability if he/she has a "physical or mental impairment which has a substantial and long term adverse effect on his /her ability to carry out normal day today activities".)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Requirements:	

Have you attended any courses at First Steps in previous years? Yes No

Please explain why you wish to do the course and how you hope to use the qualification achieved:

Declaration: I declare the details given on this form are true to the best of my knowledge

Signed: _____ Date: _____

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