

APPLICATION FORM 2015 - 2016

PLEASE COMPLETE IN BLOCK CAPITALS

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

****If you fail to provide a National Insurance Number we will be unable to process your application**

Courses to be enrolled for: PLEASE SELECT NO MORE THAN 3 COURSES

Essential Skills English	<input type="checkbox"/>	First Steps to Computing	<input type="checkbox"/>	Buying & Selling Online	<input type="checkbox"/>	Cook It	<input type="checkbox"/>		
Essential Skills Maths	<input type="checkbox"/>	Next Steps to Computing	<input type="checkbox"/>	MS Powerpoint & Presentation Skills	<input type="checkbox"/>	Dressing for Success	<input type="checkbox"/>		
ESOL (English for Speakers of Other Languages)	<input type="checkbox"/>	ECDL Essentials	<input type="checkbox"/>	Desktop Publishing	<input type="checkbox"/>	First Aid	<input type="checkbox"/>		
Job Club (ESOL)	<input type="checkbox"/>	Sage Accounts Level 1	<input type="checkbox"/>	Spreadsheets – Foundation	<input type="checkbox"/>	Food Safety (Hygiene)	<input type="checkbox"/>		
Skills For Work (ESOL)	<input type="checkbox"/>	Sage Payroll Level 1	<input type="checkbox"/>	Skills Assessment Testing Training	<input type="checkbox"/>	Managing Stress	<input type="checkbox"/>		
Personal Money Management	<input type="checkbox"/>	Digital Employability	<input type="checkbox"/>	Digital Photography	<input type="checkbox"/>	Personal Development	<input type="checkbox"/>		
Employability Skills/Job Search	<input type="checkbox"/>	Professional Document Techniques	<input type="checkbox"/>	Vocational Studies:	<input type="checkbox"/>	Storytelling and Creative Movement	<input type="checkbox"/>		
		Keyboard Skills	<input type="checkbox"/>			Business Administration Pathway	<input type="checkbox"/>	Wellbeing for Life and Work	<input type="checkbox"/>
						Social Care Pathway	<input type="checkbox"/>		

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

What is your employment status?

Employed Unemployed Retired Looking after the home/family In Training

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

Are you attending ESF funded courses elsewhere?

Yes No

If YES please state the name of the course(s):

Courses Part Funded By **European Social Fund and Department for Employment and Learning**



PLEASE COMPLETE BOTH SIDES

Do you require Childcare and/or transport to attend courses?

Childcare required

Child 1 – Name _____ Age _____ Birth Date _____

Child 2 – Name _____ Age _____ Birth Date _____

Transport required

Qualifications: Please tick the HIGHEST qualification you hold

- | | |
|---|---|
| <input type="checkbox"/> Beginners IT | <input type="checkbox"/> Essential Skills Level 2 |
| <input type="checkbox"/> NVQ Level 1 | <input type="checkbox"/> ECDL |
| <input type="checkbox"/> CLAiT Certificate | <input type="checkbox"/> ECDL Advanced |
| <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"/> Undergraduate Degree |
| <input type="checkbox"/> 2 or more AS Levels | <input type="checkbox"/> Teaching qualification |
| <input type="checkbox"/> 2 or more A Level passes | <input type="checkbox"/> Nursing Qualification |
| <input type="checkbox"/> NVQ Level 2 | <input type="checkbox"/> NVQ Level 4 |
| <input type="checkbox"/> Essential Skills Entry Level | <input type="checkbox"/> Other (please state): _____ |
| <input type="checkbox"/> Essential Skills Level 1 | |

Personal Details:

Date of Birth (DD/MM/YY):	Your age today
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Disability

Do you have a disability? (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
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Special Requirements:

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

How did you hear about First Steps Women's Centre? _____

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

Signed: Date: