

When completed please return to:
jhaslam@lifebridge.co.uk or alternatively post to:-
 LifeBridge ASEND, Susan Isaacs Building, Vernon
 Street, Bolton, BL1 2XN. Tel: 01204 391038



Application Form / Expression of Interest

(Please use BLOCK CAPITALS and BLACK INK)

Section 1

Are you applying for the LifeBridge ASEND Education Programme? **Yes/No**
 Are you interested in LifeBridge PLUS? **Yes/No**

Please indicate your choice of vocational course:-

Horticulture Retail Catering Maintenance

Young Adult Details

First Name: _____ Middle Name: _____

Surname: _____ Date of Birth: _____ Age: _____

Address: _____

_____ Postcode: _____

Home telephone no.: _____ Mobile no.: _____

Email address: _____

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National Insurance Number:

Country of Birth: _____

How long have you been a resident in the UK? From Birth or _____ years

Do you have a right to live and work in the UK? Yes / No

Section 2 – Educational Information

Last school attended: _____ From: _____ To: _____

Address: _____

Do you have or are you about to take any qualifications? Yes / No

If yes, please provide details:

Year	Subject & Level	Working towards ie. E1, E2, E3, L1, L2

Continued overleaf →

Section 3 – Equality Monitoring

By completing this information you help us and fellow learners ensure a culture that benefits and supports everyone.

Are you in care of the Local Authority? Yes / No

If yes, please advise which: _____

Do you have a valid EHCP? Yes / No

Please declare the nature of the disability that is recorded in your EHCP:-

Specific Learning Difficulty (SpLD)		Moderate Learning Difficulty (MLD)	
Severe Learning Difficulty (SLD)		Profound & Multiple Learning Difficulty (PMLD)	
Social, Emotional and Mental Health difficulties (SEMH)D		Speech, Language and Communication Needs (SLCN)	
Autistic Spectrum Disorder (ASD)		Visual Impairment (VI)	
Hearing Impairment (HI)		Multi-Sensory Impairment (MSI)	
Physical Disability (PD)		Other	

If 'other' please give details: _____

Disability Statement: Incomplete information in the above may result in you not receiving the support you need to successfully complete your course of study.

To which ethnic group do you belong? Please tick the relevant box:-

Any Other Ethnic Group		Mixed Ethnicity Group – White/Black African	
Asian / Asian British - Chinese		Mixed Ethnicity Group – White/Black Caribbean	
Asian / Asian British – Any Other		Mixed Ethnicity Group – White & Asian	
Asian / Asian British Bangladeshi		Other Ethnic Group – Arab	
Asian / Asian British Indian		Other Ethnic Group – Not Provided	
Asian / Asian British - Pakistani		White – Any Other	
Black/African/Caribbean - African		White – English/Welsh/Scottish/NI/British	
Black/ African/Caribbean – Any Other		White – Gypsy or Irish Traveller	
Black/ African/Caribbean – Caribbean		White – Irish	
Mixed Ethnicity Group – Any Other			

Declaration

I believe that the information provided is to the best of my knowledge.

Signature of Applicant: _____ Date: _____

Data Protection Statement We understand that some people worry about giving information in case it should fall into the wrong hands. There are very strict laws to make sure that we protect these details and deal with them responsibly. The person information you provide about your gender, ethnic origin and disability / learning difficulty will not be shared with other organisations so that you can be personally identified – it's for our statistics only. The personal information you provide in the application process and the results of the selection proves from LifeBridge ASEND may be shared with other partner organisations for purposes relating to education or training, careers guidance as well as for statistical and research purposes.