**Section 2**

**Educational Details**

Please indicate the name and address of your present or last school attended

School Name:

School Address:

Dates of attendance: From: To:

Do you have or are you about to take any qualifications? GCSE, NVQ, GNVQ, BTEC

Yes No

Please list qualifications you have taken or are taking with actual or predicted grades:

|  |  |  |
| --- | --- | --- |
| Year  | Subject & Level | Working towards Ie. E1, E2,E3,L1,L2 |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

 **Section 3 (Completed by all)**

**Equality Monitoring – Why we need this information?**

The information requested below helps the college to become better informed and more responsive to student needs. It tells the college where to direct its support and services, and shows us if certain people aren’t making use of our college and its resources.

Are you in care of the local authority: Yes/No

If yes, please give the name of the local authority which looks after you:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Have you got 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)      |  | Speech, Language and Communication Needs (SLCN) |  |
| Autistic Spectrum Disorder (ASD)  |  | Visual Impairment (VI)  |  |
| Hearing Impairment (HI)   |  | Multi-Sensory Impartment (MSI)  |  |
|

|  |
| --- |
| Physical Disability (PD) |
|  |

 |  | Other |  |

Please declare the nature of any ‘other’ learning difficulty you may have below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Have you received, completed and returned A Preference Form to Bolton Local Authority**

**Yes No**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 correct to the best of my knowledge.

Signature of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Information**

Is there anything we can do to help at your interview? Yes/No

If ‘yes’ please give details below:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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.

|  |
| --- |
| **When completed please return to**: jhaslam@rumworth.bolton.sch.uk or alternatively post to LifeBridge ASEND, Susan Isaacs Building, Vernon Street, Bolton, Bl1 2XN |



**Expression of Interest Form**

Please use BLOCK CAPITALS

**Section 1 (completed by all)**

Are you applying for the LifeBridge ASEND Education Programme?

Yes/No *(20 hours a week over 4 days)*

Are you interested in LifeBridge PLUS? Yes/No

Please indicate your choice of vocational course:-

Horticulture Retail

Catering Other (*please specify*)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Your Details**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

National Insurance Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been a resident in the UK?:-

From Birth: Yes/No or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years

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