|  |  |
| --- | --- |
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# Course Application Form

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  |  |  |
|  | First | Last | Title |  |  |
| Date of Birth**Must be 18 and over** |  | National Insurance Number\*Mandatory for funding |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town | London Borough | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Mobile Number: |  | Email |  |

|  |  |  |
| --- | --- | --- |
| Are you authorized to work in the UK? | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| What ID will you use to prove eligibility to work in UK. **Please tick one option****Mandatory – please attach copy** | Option 1 [ ] Valid Passport or residency card | Option 2 [ ] Birth Certificate and proof of NI number |

|  |  |  |
| --- | --- | --- |
| What photographic ID will you use to take the CSCS test**Please tick one option****Mandatory – please attach copy** | Option 1 [ ] Valid Passport or residency card | Option 2 [ ] Provisional or full driving licence |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever had a CSCS card | YES[ ]  | NO[ ]  | If yes, when did it expire? |  |

|  |  |  |
| --- | --- | --- |
| Please be aware there will be a compulsory drugs and alcohol test on the first day of the course. Non-pass will result in non-enrolment. Please confirm if you are confident you will pass the test. | YES[ ]  | NO[ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please tick one of the following to describe your current situation: - | Unemployed[ ]  | Employed – How many hours?[ ]  | In education- How many hours?[ ]  |

|  |  |  |
| --- | --- | --- |
| Are you available to attend the full duration of the course?  | YES[ ]  | NO[ ]  |

|  |
| --- |
| Please provide the reason for wishing to be enrolled in this course  |

|  |  |  |
| --- | --- | --- |
| Please confirm you have a basic CV you can attach to this applicationNOTE: If you have never been employed please still ensure you have a basic CV with contact details, any work experience and your interests.**Mandatory to prove you are seeking employment – please attach copy** | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Do you have any convictions which are not spent? | YES[ ]  | NO[ ]  |
| If yes, explain: |  |
| Are you on the sexual offenders register or under an SHPO or SRO? If yes, we need a full Disclosure Statement. **Mandatory Declaration to safeguard the interests of any vulnerable and young individuals using the hired facility/premises with shared changing area and toilet facilities** | YES[ ]  | NO[ ]  |

## Education and Employment Background

**EDUCATION**

**NOTE: This course is primarily aimed at those with little or no construction background. Formal qualifications are not required. We do require a good grasp of English with the ability to read, write and listen to instructions. The CSCS test is a computer-based test with multiple choice questions.**

|  |  |  |  |
| --- | --- | --- | --- |
| Did you complete secondary education? |  | YES[ ]  | NO[ ]  |

|  |  |  |
| --- | --- | --- |
| Have you attended higher education, or do you have any professional qualifications? | YES[ ]  | NO[ ]  |

|  |
| --- |
| If yes to either of the above, please ensure details are on your CV |

**EMPLOYMENT**

|  |  |
| --- | --- |
| If you are employed please provide details of your current role, working hours and notice required |  |

## Information to assist with enrolment

|  |  |
| --- | --- |
| We can assist with travel expenses up to a maximum of £90 on an oyster card after a candidate has completed induction process. The card is issued on the first afternoon of the course to cover the 10 day course. If you require assistance please provide the name of the nearest Train/Tube station you will be travelling from. |  |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To allocate resources are there any safeguarding issues we need to be aware of in advance, i.e. vulnerability or additional learning support required |

|  |  |  |
| --- | --- | --- |
| YES[ ]  |  | NO[ ]  |

 |

|  |  |
| --- | --- |
| If yes, please explain what level of support is required and what support your referring organization is able to provide |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to reservation of space on the course, I understand that false or misleading information in my application may result in my space being removed.

Data Protection: We collect and hold personal information on potential candidates to ascertain eligibility criteria and monitor diversity of applications for statistical purposes. Personal data including national insurance number and date of birth is required and shared with outside funding bodies to arrange funding and to apply for course certificates. ID is required to establish eligibility to work in the UK. This information is stored electronically for at least two years to monitor outcomes from applicants. Outcomes of applications are shared with the organisation who recommended the candidate to us so continued support can be provided to the candidate in searching for employment. Outcomes are shared with the training organisation for funding purposes.

Privacy Notice available upon request.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

***Please remember to attach your ID and CV as your form cannot be processed without this.***

**MONITORING INFORMATION**

London Construction Academy is committed to the elimination of discrimination, harassment, victimisation and other conduct prohibited under the Equality Act 2010 and the advance of equality of opportunity. Our goal is that everyone who applies to or works with us receives fair treatment and we positively encourage applications from suitably qualified and eligible candidates regardless of age, disability, race, sex, gender reassignment, sexual orientation, religion or belief, marriage and civil partnership and caring status. Effective monitoring is an important means of measuring our performance and progress towards our equality and diversity goals and will help us to identify trends over periods of time, to identify and investigate the reasons for differences and put suitable actions in place. To help us achieve this aim we ask you to complete this monitoring form. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes. Any categories listed below have been defined as a group in the 2011 census.

**A. Your age**

|  |  |
| --- | --- |
| 18 – 21 | [ ]  |
| 22 – 30 | [ ]  |
| 31 – 40 | [ ]  |
| 41 - 50 | [ ]  |
| 51 - 60 | [ ]  |
| 61 - 65 | [ ]  |
| 66 - 70 | [ ]  |
| 71 + | [ ]  |
| Do not wish to declare | [ ]  |

**B. Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**C. What is your gender?**

|  |  |
| --- | --- |
| Male | [ ]  |
| Female | [ ]  |
| Do not wish to declare | [ ]  |

**D. Is your present gender the same as the one assigned to you at birth?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**E. Do you perform the role of a Carer?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**F. What is your legal marital or same-sex civil partnership status?**

|  |  |
| --- | --- |
| Single | [ ]  |
| Married | [ ]  |
| Living Together | [ ]  |
| In a registered civil partnership | [ ]  |
| Separated – still legally married | [ ]  |
| Separated – still legally in civil partnership | [ ]  |
| Surviving partner from civil partnership | [ ]  |
| Divorced | [ ]  |
| Widowed  | [ ]  |
| Civil partnership – now legally dissolved | [ ]  |
| Do not wish to declare  | [ ]  |

**G. Your sexual orientation.**

Which of the following options best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight | [ ]  |
| Bisexual | [ ]  |
| Gay/Lesbian | [ ]  |
| Other (specify below if you wish) | [ ]  |
| Do not wish to declare | [ ]  |

**H. Your religion or belief - Which group below do you most identify with?**

|  |  |
| --- | --- |
| Buddhist | [ ]  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | [ ]  |
| Hindu | [ ]  |
| Jewish | [ ]  |
| Muslim | [ ]  |
| No religion | [ ]  |
| Sikh | [ ]  |
| Any other religion or belief (specify if you wish) | [ ]  |
|  |       |
| Do not wish to declare  | [ ]  |

**I. What is your Ethnic Group?**

**Asian/ Asian British**

|  |  |
| --- | --- |
| Bangladeshi | [ ]  |
| Chinese | [ ]  |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Any other Asian background (specify below if you wish) | [ ]  |
|  |       |

**Black/ African/ Caribbean/ Black British**

|  |  |
| --- | --- |
| African | [ ]  |
| Caribbean | [ ]  |
| Any other Black/ African/ Caribbean background (specify below if you wish) | [ ]  |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| White and Asian | [ ]  | White and Black Caribbean | [ ]  |
| White and Black African | [ ]  | Any other mixed background (specify below if you wish)  | [ ]  |

**Mixed/Multiple Ethnic Groups**

**Other Ethnic Group**

|  |  |
| --- | --- |
| Arab | [ ]  |
| Any other Ethnic Group (specify below if you wish) | [ ]  |

**White**

|  |  |  |  |
| --- | --- | --- | --- |
| British/English/Welsh/Scottish/Northern Irish | [ ]  | Irish | [ ]  |
| Gypsy or Irish Traveller | [ ]  | Any Other Mixed Background | [ ]  |

|  |  |
| --- | --- |
| Do not Wish to Declare | [ ]  |

**Name: ……………………………………...………….**

**Date: ……………………………………………………...**

**Please return form by email to** admin@thelca.org