

# Social Care Academy Programme of Study Application Form

Please complete your details in full as your application cannot be considered without all the information requested. If you need assistance to complete this form, speak to your IAG Advisor, your preferred Training Provider, or a Social Care Academy Support Officer.

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## Personal Details

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

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

Current Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_ Gender: Male ☐ Female ☐

Last School Attended: \_\_\_\_\_ Year of Leaving: \_\_\_\_\_

Any College or Training Provider attended since leaving school: \_\_\_\_\_

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## Course Information

Preferred Training Provider: \_\_\_\_\_

Career Area of Interest (e.g. Health & Social Care): \_\_\_\_\_

What are your plans after completing the programme? ☐ Apprenticeship ☐ Level 2

Course ☐ Work with training

☐ Part Time Employment ☐ Full Time Employment

☐ Independent Living / Supported Employment ☐ Other course/training

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## Transport and Support Information

Are you happy using public transport independently to travel to your training provision?

☐ Yes ☐ No

Are you currently in the care system? ☐ Yes ☐ No Are you a care leaver? ☐ Yes ☐ No

Do you have an EHCP? ☐ Yes ☐ No If yes, do you give us permission to obtain a copy? ☐

Yes ☐ No

Are you supported by any other agencies? (e.g., Social Worker, YOT): ☐ Yes ☐ No If yes, please give details: \_\_\_\_\_

Are you Electively Home Educated? ☐ Yes ☐ No Have you been a UK resident for the past 3 years? ☐ Yes ☐ No Is English your first language? ☐ Yes ☐ No If no, please provide date of arrival: \_\_\_\_\_

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### **Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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### **Qualifications Achieved**

Subject: \_\_\_\_\_ Grade/Pass: \_\_\_\_\_

Achieved: ☐ Y ☐ N Subject: \_\_\_\_\_ Grade/Pass: \_\_\_\_\_

Achieved: ☐ Y ☐ N (Please attach a full list if needed)

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### **Employment History**

Previous Employment Status: ☐ In paid employment ☐

Not in paid employment but seeking work ☐

Not in paid employment and not seeking work ☐ Not known

Workplace Experience: ☐ Voluntary Work ☐ Work Experience

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### **Additional Information**

Do you have any criminal convictions (excluding minor motoring offences)? ☐ Yes ☐ No

If yes, please give details:

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Further information that may help us support your application:

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## **Disability / Health Conditions**

Do you consider yourself to have any of the following?

Tick all that apply: ☐ Visual impairment ☐ Hearing impairment ☐

Disability affecting mobility ☐ Profound complex disabilities ☐

Social & emotional difficulties ☐ Mental health difficulty ☐

Moderate learning difficulty ☐ Severe learning difficulty ☐ Dyslexia ☐

Dyscalculia ☐ Autism spectrum disorder ☐ Asperger's syndrome ☐

Temporary disability due to illness or accident ☐

Speech/language/communication needs ☐

Other physical or medical conditions (please specify): \_\_\_\_\_

☐ Prefer not to say ☐ Not known

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## **Ethnicity**

Please tick the group to which you feel you belong: ☐ White British ☐ White Irish ☐

Gypsy/Irish Traveller ☐ Any other White ☐ White & Caribbean ☐ White & African

☐ White & Asian ☐ Other Mixed ☐ Indian ☐ Pakistani ☐ Bangladeshi ☐ Arab

☐ Chinese ☐ Other Asian ☐ Black African ☐ Black Caribbean ☐ Other Black ☐

Other ☐ Prefer not to say

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## **Declarations**

☐ I give permission to access my prior achievement via the Learner Record Service.

☐ I agree for my photograph to be used in Social Care Academy promotions.

☐ I am happy for my parent/guardian to be informed of my progress. (Delete if not applicable)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

Provider Copy Sent: ☐ Provider: \_\_\_\_\_

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