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| --- |
| **For office use only** |
| Application number |  |
| Course Code |  |
| Date |  |

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| --- | --- |
| **Unit Name:**  | **Session:**  |
| **Personal Details** |
|

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| --- | --- | --- |
| **Title** | **Mr**. [ ]  **Mrs**[ ]  **Miss**[ ]  **Other** (Please Specify)   | **National Insurance Number** |
| **First Name** |  |
| **Surname** |  | **Phone No.** |  |
| **Address** |  | **Mobile No.** |  |
| **Date of Birth** |  |
| **Town/City** | **Choose your city** | **Other Town /City** | Click here to enter text. |
| **Country** |  | **SCN**  |  |
| **Postcode** |  | **Email** |  |

 |
| **Next of Kin** |
|

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| --- | --- | --- | --- |
| **Name** |  | **Address** |  |
| **Relationship To You** |  |
| **Telephone No.** |  | **Postcode** |  |

 |
| **Qualifications** |
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| --- | --- | --- | --- |
| **Qualifications** | **Subject** | **Grade** | **Month/Year** |
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| **Employment Status** |
| **Are you currently employed? Yes** [ ]  **No**[ ]  |
| **Work Experience** |
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|  |  |  |
| --- | --- | --- |
| **Job Title** | **Company Name** | **Month/Year** |
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| **Other Skills if No Work Experience** |
|  |
| **How did you find out about us?** |
| ITPT’s website [ ]  Other Website [ ]  Course Guide/Leaflet [ ]  Friend/Family [ ] Gumtree [ ]  Radio [ ]  Facebook/Twitter [ ] **Other (Please Specify)**    |
| **Referee** |
|

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| --- | --- | --- | --- |
| **Name** |  | **Postcode** |  |
| **Address**  |  | **Phone No.** |  |
| **Mobile No.** |  |
| **Job Title** |  | **Email Address** |  |

**Please complete the details of your nominated referee below:** |
|  |
| **Learning Support****Please tick if any of the following apply to you.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Epilepsy |[ ]  Profound/Complex Disabilities [ ]  |  |  |  |
| Asthma |[ ]  Aspergers Syndrome [ ]  |  |  |  |
| Diabetes |[ ]  Multiple Disabilities [ ]  |  |  |  |
| Behavioural Difficulties  |[ ]  Moderate Learning Difficulty [ ]  |  |  |  |
| Mental Health Difficulty |[ ]  Severe Learning Difficulty [ ]  |  | **Other (Please Specify)** |  |
| Temporary Disability(eg: after accident, illness) | [ ]  | Dyslexia [ ]  |  |  |  |
| Visual Impairment | [ ]  | Dyscalculia [ ]  |  |  |  |
| Hearing Impairment |[ ]  Autism Spectrum Disorder [ ]  |  |  |  |
| Communication/Speech Impairment |[ ]   |  |  |  |
| Physical Disability |[ ]   |  | **Do you require support with:** |  |
| Disability that affects mobility |[ ]   |  | Literacy [ ]  |  |
|  |  |  |  | Numeracy [ ]  |  |
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| --- |
| **Ethnicity** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **White** | **Black** | **Asian** | **Mixed** | **Other** |
| **English/Scottish/welsh/****Northern Irish/British** |[ ]  **White and Black African** |[ ]  **Indian** |[ ]  **African** |[ ]  **Arab** |[ ]
| **Irish** |[ ]  **White and Black Caribbean**  |[ ]  **Pakistani** |[ ]  **Caribbean** |[ ]  **Any other Ethnic group** |  |
| **Gypsy or Irish Traveller** |[ ]  **White and Asian** |[ ]  **Bangladeshi** |[ ]  **Any other Black background** |[ ]   |  |
| **Any other White background** |[ ]  **Any other Mixed background** |[ ]  **Chinese** |[ ]   |  |  |  |
|  |  |  |  | **Any other Asian background** |[ ]   |  |  |  |

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| **Declaration and Signature of Applicant****I confirm that the information I have provided in this application is correct and I have read the attached guidance notes.**

|  |  |  |
| --- | --- | --- |
| **Applicant Signature** | **Print Name** | **Date** |
|  |  |  |

**How We Handle Your Personal Information:**The IT Professional Training is a data controller and is registered with the Information Commissioner’s Office as required under the Data Protection Act 1998. The ITPT requires this information for education administration purposes and will only process your personal data in accordance with the training centre registration and current data protection legislation. By signing you accept that the IT Professional Training can pass details contained in this form to Scottish Qualification Authority (SQA). |

**Version 1.0**