

MERIT SKILLS
APPLICATION FORM FOR APPRENTICESHIP

PERSONAL DETAILS

Title		Surname		First Name(s)	
Any previous surnames					
DOB		Age		NI No	
Address & Postcode					
Home No.		Mobile No.		Email	

NEXT OF KIN DETAILS (required for 16-18 year olds and optional for 19+)

Name		Relationship	
Address & Postcode			
Phone No		Mobile No	

ELIGIBILITY CRITERIA

	Yes	No
(a) Are you currently attending school or FE College full time as a pupil or student	<input type="checkbox"/>	<input type="checkbox"/>
If you answer yes above , you may not be eligible for Apprenticeship until you complete your current period of learning Please state when you anticipate completing?		
(b) Are you taking part in any other employment, learning or enterprise programme or scheme funded by the Secretary of State?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please state:		
(c) Are you currently subject to custody as a prisoner or on remand in custody?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Do you hold a degree or other qualification(s) at or above Level 4, such as BTEC Professional Awards, Certificates and Diplomas, BTEC Higher National Certificate and Diploma, etc?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Are you an overseas national?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes above , you must provide proof of your entitlement to access free education/training, i.e. Residence Permit or passport showing visa sticker.		
Checked by Trainer	<input type="checkbox"/>	<input type="checkbox"/>

NB. Unfortunately, if you have answered 'Yes' to (c) or (d), you are not eligible to access Apprenticeship funding. If you answered 'Yes' to (a) or (b), we will clarify if and when you are eligible to Apprenticeship funding. If you have completed a Higher Apprenticeship at Level 4, you are eligible for another Apprenticeship at Level 5 or above.

EDUCATION DETAILS

Please provide full details of your educational qualifications such as GCSE / (G) NVQ / A Level Results in order that we can fully assist you:

SCHOOL / COLLEGE	FROM	TO	EXAMINATION / RESULTS	
			Subject /Grade achieved	Subject / Grade expected
MERIT USE ONLY:	Prior Attainment			

Have you undertaken/achieved Key / Functional Skills?

Yes ☐

No ☐

(Please note: we will need to take a copy of your certificates)

In what occupational area would you like to undertake your Apprenticeship?

In order to provide you with any necessary additional support, could you please complete the following:-

Do you have any health difficulties or learning difficulties		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please tick if you have any of the following health difficulties or learning difficulties:			
<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Hearing impairment		
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Profound complex disabilities		
<input type="checkbox"/> Social & emotional disabilities	<input type="checkbox"/> Mental health difficulty		
<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Severe learning difficulty		
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Dyscalculia		
<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Asperger's syndrome		
<input type="checkbox"/> Temporary disability after illness or accident	<input type="checkbox"/> Other physical disability		
<input type="checkbox"/> Other specific learning difficulty	<input type="checkbox"/> Other medical condition		
<input type="checkbox"/> Other learning difficulty	<input type="checkbox"/> Other disability		
<input type="checkbox"/> Prefer not to say			
Please state which health difficulty or learning difficulty from the list above affects your ability to learn most:			
Can you please advise whether you have ever been convicted of a criminal offence, or received a caution, reprimand or warning?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide detail:			

Please tick the box which best describes your current household situation:	
No household member is in employment and the household includes one or more dependent children	<input type="checkbox"/>
No household member is in employment and the household includes does not include any dependent children	<input type="checkbox"/>
I live in a single adult household with dependent children	<input type="checkbox"/>
None of the above applies	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

EMPLOYMENT/WORK EXPERIENCE HISTORY

Please provide details of your current and previous employment covering the last 3 years and/or details of any relevant work experience:

COMPANY	FROM	TO	DETAILS OF WORK – to include nature of business and job title

If you are currently employed, how many hours per week do you work on average?	
How did you hear about our company?	School <input type="checkbox"/> JCP <input type="checkbox"/> Newspaper <input type="checkbox"/> Careers <input type="checkbox"/> Other <input type="checkbox"/>

I am fully committed to completing an Apprenticeship, which will enhance my qualifications and my job role. I agree to keep YH fully informed of any changes in my personal situation. I understand that I am on an Agency funded programme that could be used as match funding and is therefore deemed part funded by ESF.

How We Use Your Personal Information

The personal information you provide is passed to the Chief Executive of Skills Funding (“the Skills Funding Agency”) and the Department for Business, Innovation and Skills (BIS). Where necessary it is also shared with the Department for Education, including the Education Funding Agency. The information is used for the exercise of functions of these government departments and to meet statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009, and to create and maintain a unique learner number (ULN) and a Personal Learning Record (PLR). The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. You may be contacted after you have completed your programme of learning to establish whether you have entered employment or gone onto further training. You can opt out of contact for other purposes by ticking any of the following boxes if you do not wish to be contacted:

About course or learning opportunities ☐ For surveys & research ☐ By post ☐ By phone ☐ By email ☐

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at:

<https://www.gov.uk/government/publications/sfa-privacy-notice>

ID Seen:

Passport ☐ Driving Licence ☐ ID card/ other National ID ☐ NI Card ☐ Bank Card ☐ None Provided ☐

Other <input type="checkbox"/>	
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EQUAL OPPORTUNITIES MONITORING

YH Training Services operate an Equal Opportunities Policy. To assist in the monitoring of this, please complete where applicable the information requested below. Your response does not form any part of the application process and completion of hereunder is not compulsory.

Please tick the box, which most closely describes your ethnic origin:	
<input type="checkbox"/> 31 White - British	<input type="checkbox"/> 40 Asian or Asian British - Pakistani
<input type="checkbox"/> 32 White - Irish	<input type="checkbox"/> 41 Asian or Asian British - Bangladeshi
<input type="checkbox"/> 33 White – Gypsy or Irish Traveller	<input type="checkbox"/> 42 Asian or Asian British - Chinese
<input type="checkbox"/> 34 Any other White background	<input type="checkbox"/> 43 Any other Asian background
<input type="checkbox"/> 35 White and Black Caribbean	<input type="checkbox"/> 44 Black - African
<input type="checkbox"/> 36 Black and White African	<input type="checkbox"/> 45 Black – Caribbean
<input type="checkbox"/> 37 White and Asian	<input type="checkbox"/> 46 Any other Black background
<input type="checkbox"/> 38 Any other mixed ethnic background	<input type="checkbox"/> 47 Arab
<input type="checkbox"/> 39 Asian or Asian British – Indian	<input type="checkbox"/> 98 Any other ethnic group <input type="text"/>

Applicant Signature		Date	
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