



TRAINING APPLICATION FORM

Please print clearly in black or blue ink

Personal Details:

Surname:		First Name:	
Address:			
Telephone:		Emergency Name & Contact:	
Email:		NI Number:	
Date of Birth		19	Current Age:

Education and Training Details

Most Recent School/College:		
Qualifications/Subjects Studies	Grade/Level (if known)	Date Taken (Date due)

Work Experience Whilst Still at School/College

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Please Give Details of Other Work Paid or Voluntary

Name of Employer/Organisation	Type of Work	Approx Dates
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Why & What Interests you In Hairdressing?

Reference name/contact details	
Applicants <u>SIGNATURE</u> & <u>DATE</u>:	

Office Use only

- Offer Given Yes / No
- Interview Comments
- Salon Placement.....
- Key Skills Required?

Equal Opportunities Monitoring

You are asked to complete the following questions. This information will not form any part of the application process, it helps us to compile statistics and monitor equal opportunities practices.

Ethnic Groups

What is your ethnic group? Choose one section from (a) to (e) and then tick the appropriate box to indicate your cultural background:

(a)	White	British	<input type="checkbox"/>	Irish	<input type="checkbox"/>
		Any Other White Background	<input type="checkbox"/>		
		<i>Please give details</i>			
(b)	Mixed	White and Black Caribbean	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
		<i>Please give details</i>			
(c)	Asian or Asian British	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
		Bangladeshi	<input type="checkbox"/>	Any other Mixed Background	<input type="checkbox"/>
		<i>Please give details</i>			
(d)	Black or Black British	Caribbean	<input type="checkbox"/>	African	<input type="checkbox"/>
		Any other Black Background	<input type="checkbox"/>		
		<i>Please give details</i>			
(e)	Chinese or Other Ethnic Group	Chinese	<input type="checkbox"/>	Any Other	<input type="checkbox"/>
		<i>Please give details</i>			

What is your religion? (Tick one box only)

None	<input type="checkbox"/>	Muslim	<input type="checkbox"/>
Christian	<input type="checkbox"/>	Sikh	<input type="checkbox"/>
	(Including Church of England, Catholic, Protestant and all other Christian denominations)	Jewish	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>	Any Other Religion	<input type="checkbox"/>
Hindu	<input type="checkbox"/>	<i>Please give details</i>	

DO YOU HAVE ANY HEALTH PROBLEMS OR DISABILITIES WHICH COULD AFFECT THE TYPE OF WORK THAT YOU DO?

YES NO If YES, give details

- DO YOU THINK YOU WILL NEED ANY SUPPORT TO UNDERTAKE THIS COURSE? Yes or No
IF YES, GIVE DETAILS