

Personal Details (Please complete all in BLOCK CAPITALS)

Title Mrs Miss Ms Mr Dr

First Name

Middle Name

Surname

Previous Name(s)

Email Address

Home Telephone

Mobile Telephone

Address

Postcode

If at this address less than 3 years,
please provide us with your previous address

Address

Postcode

Personal Statement (Maximum 500 words)

We would like you to write a personal statement about yourself (maximum 500 words) to help us understand a little more about you and to identify which level apprenticeship would be most appropriate to meet both your employer and individual needs.

You should include the following information:

- A little about your career path to date
- What knowledge and skills you already have in relation to the apprenticeship you are applying for; a skills scan document is provided for you and your employer to review your initial starting point and to check that the apprenticeship you are about to embark on is the right programme for you at this time. Please ensure that this is completed prior to your application.
- A little about your career ambitions for the future, and what knowledge and skills you hope to develop by taking part in the apprenticeship programme. What are your short term and long term goals?

Personal Statement - Continued (Maximum 500 words)

Your Qualifications

What is the highest qualifications (or equivalent) you hold? (please tick relevant option)

<input type="checkbox"/> No qualifications	<input type="checkbox"/> Entry level qualifications: Entry Level Maths / English
<input type="checkbox"/> Level 1: GCSE Grades D - G	<input type="checkbox"/> Level 2: 5 GCSE's at Grade A - C / NVQ Level 2
<input type="checkbox"/> Level 3: 2 A Levels Grades A - E	<input type="checkbox"/> Level 4: NVQ Level 4 / Level 4 Diploma
<input type="checkbox"/> Level 5: Foundation Degree / HND / Cart Ed / Level 5 Diploma	<input type="checkbox"/> Level 6: BA / BSc Degree
<input type="checkbox"/> Level 7: Masters Degree	<input type="checkbox"/> Level 8: Doctorate

Please indicate what qualifications you have completed in the past, or are currently undertaking. If you have no qualifications please leave this section blank.

Relevant Leadership and Management Qualifications held

Relevant Maths and English Qualifications held

Unique Learner Number

Innersummit would like to ask your permission to access your Unique Learner Number (ULN) and associated records. By accessing your ULN the organisation will gain access to the certificates for all qualifications you currently hold.

You will be required to produce certificates evidencing previous qualifications specifically but not limited to Maths and English.

Please select this box to confirm you understand and give your permission.

Employment Details

Name of Employer

Address of Employer

Workplace Postcode

No of Employees

Employment Status on day before starting (please tick relevant option)

In paid employment
 Not in paid employment, looking for work
 Not in paid employment, NOT looking for work
 Self Employed

What is the length of your employment?

Up to 3 months 4 - 6 months
 7 - 12 months 12+ months

Current length of employment (yy/mm)

Employment Status on first day of learning (please tick relevant option)

Employed 0 - 10 hrs per week Employed 21 - 30 hrs per week
 Employed 11 - 20 hrs per week Employed 31+ hrs per week

Current weekly hours _____

Additional Learning Needs (Please provide details)

Do you have any additional learning needs we need to consider when establishing your individual learning plan?

Learner Support (please put "1" next to your primary, "2" next to your secondary, "3" next to your tertiary)

Do you or have you had a SEN Statement / Learning Disability Assessment / Yes No
Looked After Children (LAC) / Education Health & Care Plan (EHCP)?

Do you consider yourself to have a difficulty, disability or health problem? Yes No

If answering yes to either of these statements,
please complete Initial Assessment Form
- Additional Learning Support.

Please put "1" next to your primary, "2" next to your secondary, "3" next to your tertiary

Sensory

(4) Visual
 (5) Hearing

Physical

Wheelchair User
 (6) Mobility Impairment
 (93) Other Physical Disability

Mental Health

(9) Mental Health Difficulties
 (8) Social and Emotional Difficulties

Medical Conditions

(95) Asthma
 (95) Diabetes
 (95) Epilepsy
 (7) Profound Complex Difficulties
 (16) Temporary Disability after Illness
 (97) Other Disabilities

Learning

(12) Dyslexia
 (13) Dyscalculia
 (14) Autism Spectrum Disorder
 (15) Asperger's Syndrome
 (10) Moderate Learning Difficulties
 (11) Severe Learning Difficulties
 (96) Other Learning Difficulties
 (94) Other Specific Learning
Difficulty (e.g Dyspraxia)

Other

(98) Prefer not to say
 I will be bringing my own
support worker
 I'd like an appointment to
discuss further

Eligibility (answer all questions)

1. Are you currently enrolled on another Apprenticeship or funded Further Education/Higher Education programme?
2. Do you have a contract of employment that lasts the duration of the programme?
3. Are you paid at least the minimum apprentice wage?
4. Will you spend at least 50% of your working hours in England over the duration of your apprenticeship?
5. Are you self-employed?
6. Are you a volunteer at this workplace?
7. Do you have any unspent convictions or offences?

Only answer if you are 19-24 years old and are willing to share this information with your employer

8. Do you have an Education Health Care Plan (EHC plan) or have you ever been in the care of the local authority? (See guidance for definition of child in care)

9. If you have been in Care have you reviewed and completed the Care Bursary forms with your tutor as necessary?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information

Please accurately capture the below

Ethnicity

<p>Asian</p> <ul style="list-style-type: none"> <input type="checkbox"/> Indian (39) <input type="checkbox"/> Pakistani (40) <input type="checkbox"/> Bangladeshi (41) <input type="checkbox"/> Chinese (42) <input type="checkbox"/> any other Asian background (43) 	<p>Mixed</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mixed - White and Black Caribbean (35) <input type="checkbox"/> Mixed - White Black African (36) <input type="checkbox"/> Mixed - White Asian (37) <input type="checkbox"/> Mixed - any other mixed multiple background (38) 	<p>White</p> <ul style="list-style-type: none"> <input type="checkbox"/> English / Welsh / Scots / Northern Irish / British (31) <input type="checkbox"/> Irish (32) <input type="checkbox"/> Gypsy or Irish Traveller (33) <input type="checkbox"/> any other White background (34)
<p>Black / African / Caribbean / Black British</p> <ul style="list-style-type: none"> <input type="checkbox"/> African (44) <input type="checkbox"/> Caribbean (45) <input type="checkbox"/> any other Black background (46) <input type="checkbox"/> Arab (47) 	<p>Other</p> <ul style="list-style-type: none"> <input type="checkbox"/> any other ethnic group (98) <input type="checkbox"/> Not provided (99) 	

Household Situation (HHS)

Please tick which of the following statements apply (one or more may apply)

- No household member in employment, dependant children (HHS1)
- No household member in employment, no dependant children (HHS2)
- Lives in a single adult household with dependant children (HHS3)
- Has withheld this information (98)
- None of the above (HHS1, HHS2, HHS3) applies (99)

Declaration

The information stated in this application, together with any accompanying papers are, to the best of my knowledge, correct.

I am aware of the need to complete Maths and English Initial Assessments prior to the enrolment meeting with Innersummit.

Name

Date