

## Learner Application Form



**Data Protection Act 1984**  
Some information you give will be put onto the computer, to assist with record keeping and for statistical purposes.

**Surname:** .....

**First Name (s)** .....

**Is there another name that you are called by:**

.....

**Address:**

.....  
.....  
.....

**Telephone Number:** .....

**Mobile phone number:**.....

**Name of Parent/ Guardian:** .....

**Address (if different):**

.....  
.....

**Home phone number:** .....

**School:** .....

**Date of leaving:** .....

**Did you take GCSEs ?** YES/NO  
**If so, state which ones (and grades)**

.....  
.....  
.....

**College:** .....

**Course Studied:** .....

**Age next Birthday:** .....

**Date of Birth:** .... / .... / .....

**Male/ Female:** .....

**National Insurance Number / Home Office No. /**

**Passport No.** .....

**How long have you been a resident within the**

**EC** .....

**Connexions Reference No.** .....

**Personal Adviser:** .....

**Connexions Office:** .....

**Have you been on a training programme before?**  
YES/ NO

**IF YES, which one?** .....

**Type of training** .....

**How long were you there?** .....

**Why did you leave?** .....

**Are you still attending? YES/ NO**

**Have you worked towards Wordpower or  
Numberpower? YES/ NO**

**Which course have you applied for?**

**What did you like/ dislike about school?** .....

.....

**What are your hobbies and interests?** .....

.....

**Write one thing that you have done and you are proud of:** .....

.....

**What type of work are you interested in and what duties do you think you will be doing?**

.....

**What kind of additional support needs may you have, that Landmark can help you with?**

.....

.....

**Are you prepared to travel to placement on up to 2 buses?                      YES/NO**

**Once you have achieved your qualification, what are your further plans?**

.....

.....

**Who told you about Landmark Training? LSC / Connexions / Advert / other .....(please circle)**

**If offered a place, when would you be able to start? .....**

**Health - Do you suffer from:**

Migraine

Diabetes

Breathing difficulties e.g. Asthma

Epilepsy

Skin allergies

Hay fever

Black outs or fainting

Any other medical conditions or illness which may effect your work? .....

Do you have a disability? YES/NO (If yes, please specify) .....

Do you have a learning difficulty eg dyslexia, English as a second language? YES / NO (Please specify)

.....

**Signature:** .....

**Date:** .... / .... / ....

## EQUAL OPPORTUNITIES MONITORING FORM

LEARNING & SKILLS COUNCIL is committed to Equality of Opportunity. Would you please complete this form in order to allow us to monitor the effectiveness of our Equal Opportunities Policy. All the information will be treated in the strictest confidence. The information on this form will not be stored in a computerised database

11	Asian or Asian British – Bangladeshi
12	Asian or Asian British – Indian
13	Asian or Asian British – Pakistani
14	Asian or Asian British – Any other Asian background
15	Black or Black British – African
16	Black or Black British – Caribbean
17	Black or Black British – Any other Black background
18	Chinese
19	Mixed – White and Asian
20	Mixed – White and Black African
21	Mixed – White and Black Caribbean
22	Mixed – any other Mixed Background
23	White – British
24	White – Irish
25	White – any other White background
98	Any other
99	Not known / Not provided

Please return the completed application form together with your current CV to:

Landmark Training  
43 West Ham Lane  
Stratford  
LONDON  
E15 4PH