



UNIVERSITY
COLLEGE CHESTER

COURSE APPLICATION FORM

ALL APPLICANTS MUST COMPLETE SECTIONS 1-8 AND SIGN THE DECLARATION

1. COURSE TITLE

--

2. PERSONAL DETAILS (ALL DETAILS MUST BE COMPLETED)

Full Name:	Title:
Home Address:	
Postcode:	
Telephone No. Home:	Telephone No. Work:
Nationality:	Date of Birth:
Male <input type="checkbox"/> Female <input type="checkbox"/>	N.I. Number:

3. EDUCATION AND QUALIFICATIONS

Please tick the relevant box that corresponds with your present level of qualification:				
None <input type="checkbox"/>	O' Level/GCSE <input type="checkbox"/>	A' Level <input type="checkbox"/>	Degree <input type="checkbox"/>	Post Degree <input type="checkbox"/>
And please specify highest level/subject/qualification				

4. EQUAL OPPORTUNITIES

To help us collate information to assess our Equal Opportunities policy, please indicate below which ethnic group you belong to:				
White <input type="checkbox"/>	Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Black (other) <input type="checkbox"/>	
Bangladeshi <input type="checkbox"/>	Black British <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Chinese <input type="checkbox"/>
Other (please specify):				

5. HEALTH

Do you suffer from any disability or long-term health problem, which limits the type of work you can do?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you registered disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have answered yes, please give your registration number:		

6. SPECIAL NEEDS

Please state any physical or other disability or medical condition which might necessitate special arrangements or facilities:

7. CURRENT STATUS CERTIFICATE

Presently unemployed	<input type="checkbox"/>			
Registered unemployed		6-12 months <input type="checkbox"/>	12-36 months <input type="checkbox"/>	36+months <input type="checkbox"/>
Not registered unemployed but actively seeking employment		6-12 months <input type="checkbox"/>	12-36 months <input type="checkbox"/>	36+months <input type="checkbox"/>
Under threat of redundancy (please provide confirmation)	<input type="checkbox"/>			
Presently employed	<input type="checkbox"/>			
Company Size:	1-50 employees <input type="checkbox"/>	50-250 employees <input type="checkbox"/>	250-500 employees <input type="checkbox"/>	500+ employees <input type="checkbox"/>
Employer:				
Business Type:				
Address:				
Postcode:				

8. TRAINING PREFERENCE

Preferred method of training:							
Distance Learning	<input type="checkbox"/>	Training Centre	<input type="checkbox"/>	At Work	<input type="checkbox"/>	Drop-In	<input type="checkbox"/>
Preferred time of training, am/pm/evening							

9. DECLARATION

I confirm that I fulfill the criteria that qualifies me to accept a place on the above European Social Funded course, and that I am prepared to complete the required hours for the programme as stated in the course information sheets.	
Signed:	Date:

Please hand to the training consultant or return to:
Learning & Enterprise Centre, University College Chester, Parkgate Road, Chester, CH1 4BJ

FOR OFFICE USE ONLY

Application Form Processed Administration Dept.	Date
--	------

ESF Programme REF:

Eligibility Checked Confirmed By:	Date
--------------------------------------	------

Reject/Reserve:
Reason for rejection:

Applicant has been accepted.	Date
------------------------------	------