

Applicant form

Skills Bootcamp name: _____

Date of application: _____

1. Applicant Information

Title:	Surname/Family Name:		
First Name(s) in full:			
Preferred name:			
Address			
			Postcode:
Date of Birth (dd/mm/yyyy):		Age:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say <input type="checkbox"/>			
Mobile No:			
Email address:			
National Insurance Number:			

2. Please indicate your ethnic group: please tick ONE box

White <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any Other White Background Mixed/Multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/multiple ethnic background Asian/Asian British <input type="checkbox"/> Indian	<input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say
Do you have a criminal conviction (excluding minor motoring offences)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you currently caring for children or other adults? - please tick ONE box Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Emergency Contact Details

Emergency contact name:	Relationship:
Mobile telephone no:	Home telephone no:

4. Prior Attainment/Highest Previous Qualifications – please tick ONE box only:

- | | |
|--|--|
| <input type="checkbox"/> No record of attainment (have not attained any qualifications) | <input type="checkbox"/> Level 4 (Certificate of Higher Education; HNC) |
| <input type="checkbox"/> Entry Level (<i>Basic Entry Level, E</i>) | <input type="checkbox"/> Level 5 (Foundation Degree; HND) |
| <input type="checkbox"/> Level 1 (5 GCSEs D-G/3-1; 1 AS Level; GNVQ Foundation; BTEC First Certificate) | <input type="checkbox"/> Level 6 (Bachelor's Degree; Graduate qualification) |
| <input type="checkbox"/> Level 2 (5 GCSEs A*-C/9-4; NVQ2; 2 or 3 AS Levels; GNVQ Intermediate; BTEC First Diploma) | <input type="checkbox"/> Level 7 (Master's Degree; Postgraduate qualification) |
| <input type="checkbox"/> Level 3 (4 AS Level; 2 A2/A Level; NVQ3; BTEC Diploma/Extended Diploma/Access to HE) | <input type="checkbox"/> Level 8 (Doctorate, PhD) |
| | <input type="checkbox"/> Other qualification: level not known |
| | <input type="checkbox"/> Not known |

If you completed a level 6 qualification or higher, please select which subject this was in:

- | | |
|--|---|
| <input type="checkbox"/> Medicine and dentistry | <input type="checkbox"/> Architecture, building and planning |
| <input type="checkbox"/> Subjects allied to medicine | <input type="checkbox"/> Geographical and environmental studies (social sciences) |
| <input type="checkbox"/> Biological and sport sciences | <input type="checkbox"/> Humanities and liberal arts (non-specific) |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Social sciences |
| <input type="checkbox"/> Veterinary sciences | <input type="checkbox"/> Law |
| <input type="checkbox"/> Agriculture, food and related studies | <input type="checkbox"/> Business and management |
| <input type="checkbox"/> Physical sciences | <input type="checkbox"/> Communications and media |
| <input type="checkbox"/> General and others in sciences | <input type="checkbox"/> Language and area studies |
| <input type="checkbox"/> Mathematical sciences | <input type="checkbox"/> Historical, philosophical and religious studies |
| <input type="checkbox"/> Engineering and technology | <input type="checkbox"/> Creative arts and design |
| <input type="checkbox"/> Computing | <input type="checkbox"/> Education and teaching |
| <input type="checkbox"/> Geographical and environmental studies (natural sciences) | <input type="checkbox"/> Combined and general studies |
| | <input type="checkbox"/> Other _____ |

5. Employment Information

<p>1. On the day prior to this course, what is your employment status? (please tick one)</p>	<p>2. If employed, please fill in the below with your current job role. If unemployed, please fill in the below with your most recent job role.</p>	<p>3. Do you currently receive any of the following?</p>
<p> <input type="checkbox"/> in full-time employment <input type="checkbox"/> in part-time employment <input type="checkbox"/> Employed – zero-hour contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed less than 12 months <input type="checkbox"/> Unemployed more than 12 months <input type="checkbox"/> In full-time education or training <input type="checkbox"/> Not working – long term sickness <input type="checkbox"/> Not working – caring responsibilities <input type="checkbox"/> Prisoner <input type="checkbox"/> Retired </p>	<p> Name of employer: Workplace postcode: Current job title: Industry / sector of current occupation: Hours worked per week: Current salary (please specify if hourly rate, weekly, monthly or yearly): </p>	<p> <input type="checkbox"/> In receipt of JSA <input type="checkbox"/> In receipt of ESA (Part of WRAG group) <input type="checkbox"/> In receipt of Universal Credit <input type="checkbox"/> In receipt of another State Benefit </p>
<p>4. If employed, are you attending this skills bootcamp via your current employer (has applicant been sent on the bootcamp through their current employment)?</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – not in paid employment </p>		
<p>5. Do you plan to work alongside the skills bootcamp?</p> <p> <input type="checkbox"/> - Yes (Full-time employment) <input type="checkbox"/> - Yes (Self-employed) <input type="checkbox"/> - Yes (Part time employed) <input type="checkbox"/> - No </p>		

6. Disability, Learning Difficulty and or Long Term Health Condition – please tick all that apply, if no option is indicated the starred * option will be selected

Do you consider that you have a learning difficulty, disability or long term health condition?

Yes ☐ *No ☐ Prefer not to say ☐

<input type="checkbox"/> Allergy <input type="checkbox"/> Asperger's Syndrome <input type="checkbox"/> Asthma <input type="checkbox"/> Autism Spectrum Condition <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Disability Affecting Mobility <input type="checkbox"/> Dyscalculia <input type="checkbox"/> Dyslexia	<input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Diagnosed mental health condition <input type="checkbox"/> Moderate Learning Difficulty <input type="checkbox"/> Physical Disability <input type="checkbox"/> Other Specific Learning Difficulty e.g. Dyspraxia <input type="checkbox"/> Profound/Complex Disabilities <input type="checkbox"/> Severe Learning Difficulty	<input type="checkbox"/> Social, Emotional & Behavioural Difficulties <input type="checkbox"/> Speech, Language and Communication needs <input type="checkbox"/> Temporary Disability after Illness or accident <input type="checkbox"/> Visual Impairment-excluding glasses/contact lenses <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Are you a wheelchair user?
If you have ticked more than one of the above, please state which disability, learning difficulty and/or health condition impacts most on your learning		

If you have a support need and would benefit from a confidential interview, please tick this box ☐

7. Contact and Marketing Information

How did you hear about us?

- ☐ Current Employer
- ☐ Job Centre / Work Coach / DWP
- ☐ Social Media
- ☐ Friends / Family
- ☐ FE college / training provider
- ☐ The National Careers Service
- ☐ Gov.uk website
- ☐ Other (e.g. search engine, local media press)

8. Learner Declaration and Commitment

I agree that initial assessment and information advice and guidance concerning the course has been provided to me, this included information about the course, its entry requirements, the implications of the choice of course, its suitability and the support which is available to me. I agree that the information given on this agreement is true, correct and completed to the best of my knowledge and I understand that Back 2 Work has the right to cancel my enrolment if it is found that I have provided false or inaccurate information. I agree that this information can be used to process my data for any purposes connected with my studies or my health and safety whilst on the premises. This also includes any other contractual requirements and, in particular to the disclosure of all the data on this form or otherwise collected about me to the DfE for the purposes noted in the Privacy Notice (<https://b2wgroup.com/wp-content/uploads/2023/01/P4.Skills-Bootcamps-Privacy-Notice-for-individuals-V1.7.pdf>). I also agree with the below points relating to my chosen programme:

- Take appropriate responsibility for my own learning, development and progression
- Attend and undertake training required to achieve the Skills Bootcamp identified in Programme Details in the ILP
- Promptly inform the Employer and/or Back 2 Work if any matters or issues arise, or might arise, that will, or may, affect my learning, development and progression
- All times behave in a safe and responsible manner and in accordance with the statutory

- requirements of health and safety law relating to my responsibilities from time to time
- comply with the policies, regulations and procedures of my Employer and/or Back 2 Work, notified to me from time to time;

If you wish to raise a complaint about how we have handled your personal data email to DPO@b2wgroup.com or any other issues, please email learneraftercare@b2wcompletetraining.com with full details of your issue. If you are not satisfied how your complaint has been dealt with, please be aware of Authority's Whistleblowing and Complaints policies and processes. Whistleblowing involves entering a 'whistleblowing' webform on the 'Contact the Department for Education' page, which can be found below:

[Contact the Department for Education - DfE Online Forms](#)

. Whistleblowing entries for Skills Bootcamps must be clearly marked as 'Skills Bootcamps' and will be submitted via the DfE's whistleblowing submission process and will be escalated to the relevant policy team.

Your information may also be shared with other third parties for the above purposes, but only where the law allows it and the sharing is in compliance with data protection legislation. You can agree to be contacted for other purposes by ticking any of the following boxes:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> About courses or learning opportunities. | <input type="checkbox"/> By post. |
| <input type="checkbox"/> For research and evaluation purposes. | <input type="checkbox"/> By phone |
| | <input type="checkbox"/> By Email |

I agree to visual images being used for marketing purposes. ☐ Yes ☐ No

Learner Name	
Signature	
Date	

B2W Use only	
Has the learner lived in the UK for the last 3 years?	
Current ID checked	
I confirm that I have checked the form for completeness and accuracy, have seen certification to validate the qualification/grades entered and have witnessed the identification ticked above.	
Suitable for course?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accepted on Programme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Staff Signature	
Date	