

LVS Designs Training Application Form

PLEASE READ CAREFULLY BEFORE COMPLETING

Complete the form using BLOCK LETTERS in black ink or typescript. All questions should be answered but where a particular question is not applicable or the answer is not known, enter N/A or N/K.

IMPORTANT NOTICE: Please be reminded that even though all staff are self-employed, we will require you to:

- \square Answer all the questions in this application form, save and email
- □ Complete Declaration page by: Print, sign, scan/take a picture and email
- Email to info@LVSTraining.co.uk

Vacancy title:
LVS Job code (if any):
🗆 Temporary 🛛 Permanent
🗆 Part time 🛛 Full time



PERSONAL DETAILS	PERSONAL DETAILS CONTINUED
Title:	Marital Status:
Family name:	□Single/Married□Divorced□Separated □Widowed
First name:	Next of Kin:
Date of Birth:	Emergency Telephone No(s):
Town, County & Country of Birth:	Position applied for:
	□Part time □Full time □ Temporary □ Permanent
Gender: (please circle)	
Nationality now:	Professional Qualifications:
Former (if any):	
If Non-UK Nationality, date of UK permanent residence:	
Do you require a valid work permit or visa to work in this country?	Vocational Qualifications:
YES (please provide original) / NO / N/A	
Full Address:	
Post Code:	
Since:	Bank details for payment
Telephone No: Home:	Bank name:
Work:	Full name on bank account:
National Insurance no.	Sort code:
Previous address, if less than 5 years:	Account Number:
	PLEASE DOUBLE CHECK YOUR ACCOUNT
	DETAILS AS THIS MAY DELAY YOUR PAYMENT.
Any residence outside UK?, if so, add dates:	



EDUCATION (Schools)						
Do NOT complete this Section if your full time education was more than 5 years ago						
DATE FROM/TO	QUALIFICATIONS	GRADE				
			6			
FURTHER EDUCATION (College/University) Do NOT complete this Section if your full time further education was <u>more than 5 years ago</u>						
DATE FROM/TO	QUALIFICATIONS	GRADE				
DESIRABLE QUALIFIC	DESIRABLE QUALIFICATIONS					
	□ Dyslexia	☐ Attention deficit hyperactive disorder (ADHD)	□ Other			
Do you have a Special Educational Needs (SEN) qualification covering:	Dysgraphia	☐ Attention deficit disorder (ADD)	□ Other			
covering.	Dyscalculia	□ Dyspraxia	□ Other			
Do you have a Health and Social care	□ First Aid Trained	Qualification name:	Valid until:			
and Social care qualification covering:	□ Mental health qualification	Qualification name:				



Note 1 Note 2

Most recent job first. Dates must be given on by month year to month year only. NO dates required

EMPLOYMENT HISTORY					
START DATE:	TART DATE: EMPLOYER:		REASON FOR LEAVING:		
	Address:		POSITION HELD ON LEAVING:		
		CONTACT NAME:	Official Use: Reference approved: Date: Signature:		
	Post Code:	TELEPHONE NO:	Telephone: Date: Initials:	Written: Date: Initials:	
LEAVING DATE:	EMPLOYER:	TYPE OF BUSINESS:	REASON FOR LEAVING:		
	Address:	15	POSITION HELD ON LEAVING:		
START DATE:		CONTACT NAME:	Official Use: Reference approved:		
			Date: Signature:		
	Post Code:	TELEPHONE NO:	Telephone: Date: Initials:	Written: Date: Initials:	
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EVIDENCE REQUIRED

Please attach copies of any relevant documents when submitting this application. See list below that is not exhaustive:

DBS certificate

□Teaching qualifications

□All relevant subject certificates

□Proof of UK citizenship (If in the UK for less than 3 years) □Photo identification (Passport or driving license)



NOTE: Your Referees MUST have known you for a minimum of 2 years within the last 5 years and NOT be relatives.

REFERENCE 1	REFERENCE 2
Name:	Name:
Job Title:	Job Title:
Company Name:	Company Name:
Address:	Address:
Post Code: Email:	Post Code: Email:
Tel No:	Tel No:
OFFICIAL USE:	OFFICIAL USE:
Reference approved:	Reference approved:

RECREATIONAL ACTIVITIES

Please give details of any hobbies or pastimes:

OTHER INFORMATION ABOUT YOURSELF

Please give details of any other information about yourself that you feel is relevant to your application:



We are committed to equal opportunities. Please tick the box which best describes your ethnicity:

Asian/Asian British

Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background

Black/African/Caribbean/ Black British

African
 Caribbean
 Any other Black
 background

Mixed/multi ethnic group

White and Black
Caribbean
White and Black
African
White and Asian
Any other mixed/multiple ethnic background

Other ethnic group

Arab
Any other ethnic group

White

English/Welsh/Scottish/ Northern Irish/British
Irish
Gypsy or Irish Traveller
Any other White background

 \square I do not wish to give this information

DECLARATION

- * I declare that the information I have given above is true and complete to the best of my knowledge and belief.
- * I undertake to notify any material changes in the information I have given above to Personnel concerned.
- * I understand that any false statement or omission in the information I have given above may disqualify me from completing the qualification.
- * I understand that I will be required to provide documentary proof of identity.
- * I declare that I give you authorisation to use my ULN to gather educational information about me, credit reference agencies, and personal referees for verification of any information contained within this form.

Date:

Print Name:

Signature:

LVS DESIGNS TRAINING CENTRE USE ONLY				
EMPLOYMENT AUTHORISATION:				
Provisional: Name:	Date:	Signature:		
Permanent: Name:	Date:	Signature:		
START DATE: Click here to enter a date.		LEAVING DATE: Click here to enter a date.		

Thank you for completing the form.



Great!!! You heard about LVS Designs Training

In order that we might target our publicity more effectively, we would be grateful if you would tell us how you heard about LVS Designs Training – please tick <u>all</u> that apply.

Internet	LVS TRAINING website	□ Google search engine				
	□ Other website – please name:					
Social media			Facebook Twitter			
	🗆 LinkedIn	🗆 In:	stagram	agram		
YouTube channels		□ Other: please state:				
Text Messages		□ Ot	□ Other: please state			
Emails		□ Other: please state				
Newsletters LVS TRAINING Other: please state Posters Other: please state Other: please state			ate			
Radio/TV Please state Radio station						
	Please state <u>TV</u> channel					
Outdoor	Train station – please state which station					
Advertising	Underground station – please state which station					
	Bus or bus stop – please state					
Prospectuses, printed media		rospectus 🗌 findcourses.co.uk 🗌 ncfe websit			□ ncfe website	
	Newspaper/magazine ad – please name					
Advice providers	□ Information Day	LVS TRAINING Advisors				
	An Employer	Employer Careers fair- please state name				
Your school or college – please state name				e		
□ Other advice provider – please state name						
Word of mouth	□ Family member □	Friend	🗆 Neighbou	r 🛛 LVS TI	RAINING learner	
	□ Other – please state					
Other comments	s welcomed here:					

Thank you for completing the form.