



LOGISTICS APPRENTICESHIP
TRAINING ACADEMY

Application Form / Interview Record

Section 1 – Personal Details

First Names(s):		Last Name:		Date of Birth:		
Address:						
Post Code:						
email:				Mobile:		
Contact Number:						
NI Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Next of Kin / Relationship				Next of Kin Contact Number		

Section 2 – Current Employment Details

Workplace Name:						
Address:						
Post Code:						
email:			Contact Number:		Employment Commenced:	
Job Title:				Employer Data Registration Service Number (where available)		

Section 3 – Equal Opportunities

LATA is an equal opportunities provider and actively monitors programme recruitment

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Other Asian Background	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Black Other	<input type="checkbox"/>	Mixed White / Black African	<input type="checkbox"/>	Mixed White / Asian	<input type="checkbox"/>	Mixed White / Black Caribbean	<input type="checkbox"/>		
Mixed White / Any Other Mixed Background	<input type="checkbox"/>	White:	<input type="checkbox"/>	English	<input type="checkbox"/>	Scottish	<input type="checkbox"/>	Irish	<input type="checkbox"/>	Welsh	<input type="checkbox"/>		
White Other	<input type="checkbox"/>	Not Known / Not Provided		<input type="checkbox"/>	Other Ethnic Background (Please Specify)								
		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "no" please state your first language:							
Is English your first language?													
Country of Domicile													
Please detail any language related requirements here:													

Section 4 – How did you hear about LATA Training?

Friend / Colleague	<input type="checkbox"/>	JHP visited school / workplace	<input type="checkbox"/>	Telephone call from JHP	<input type="checkbox"/>	Internet search	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>
Email from JHP	<input type="checkbox"/>	Exhibition / careers fair	<input type="checkbox"/>	Connexions / careers	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Section 5 – General Information and Eligibility Checks

	Yes	No		Yes	No
Are you aged 16 or over?			Are you normally and lawfully resident in the UK and have been for the last three years, or do you fulfil the SFA's residency criteria? (detailed in the SFA/YPLA's Eligibility Guidance 10/11)		
Did you complete your final year at school?			Are you are have you previously been on a Government funded training programme? If yes give details in Section 6		
Are you in full time education as a pupil or student (school or college)?			Have you previously achieved any NVQSVQ qualifications? If yes give details in Section 6		
Are you in higher education (including holiday periods)?			If employed, how many hours do you work in a typical week?		
Do you have any intention of returning to full time education after the school holidays?			Do you have a regular shift pattern?		
Are you a graduate / or do you hold an equivalent level 4 or 5 qualification?			Do you work outside the hours of 9 to 5?		
Are you in custody as a prisoner or on remand in custody?			Do you work only nights or weekends?		
Are you currently receiving any income based benefits? If yes give details below:					

Section 6 – Work and Educational Experience

Some qualifications may exempt you from parts of your intended programme; for example maths and English qualifications may count towards achievement of Key Skills.

Relevant, recent work experience / work history (include paid and voluntary work)

Employer:	Duties / responsibilities:	Dates:

Course Name (include details of any courses attended e.g. First Aid, Food Hygiene, Health & Safety etc.)	Dates:

School Attended:		Date Left:	
College Attended:		Date Left:	
Training Provider:		Date Left:	

Subjects / examinations taken	Result & Date:	Subjects / examinations taken	Result & Date:

How would you describe your computer skills?	None	Basic	Intermediate	Advanced
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What IT packages can you use? (Word, Excel email etc)	
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	Yes	No		Yes	No
Do you have regular access to a computer?			Do you have internet access?		

Section 7 – Future Goals

What type of job are you aiming for? (If employed, how do you see your career developing?)	
Please give details of your hobbies and leisure interests	

	Yes	No		Title:		Level:	
Job Scan completed with Learner / employer?							

Section 8 – Health and Safety

To provide you with a safe training environment it is important that LATA understands your personal requirements. Do you have any long term illness, health problem or disability which limits your daily activities or the work you can do?

Visual impairment		Hearing impairment		Disability affecting mobility		Other physical disability		Mental ill-health		Multiple disabilities	
Other medical condition (e.g. asthma, diabetes, epilepsy)					Emotional / behavioural difficulties (e.g. depression, ADH disorder)						
No disability or health problem				Not known / information not provided				Other			

If you have answered "other" or have a long-term illness, health problem or disability please provide details:	
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	Yes	No		Please provide details:	
Are you taking any medication at the moment?				Please provide details:	
Have you ever noticed any changes to your health due to work conditions??				Please provide details:	

Section 9 – Learning Difficulties

LATA is committed to providing suitable support to help all learners to achieve.

Do you have any learning difficulties?

Moderate learning difficulty		Severe learning difficulty		Dyslexia		Dyscalculia		Multiple learning difficulties	
No learning difficulty		Not known / information not provided		Other specific learning difficulty (give detail)					

Section 10 – Declaration

As a placement provider LATA have a duty to ensure that your health and safety requirements are addressed. In order for this to happen it may be necessary for some or all of the contents of **Section 8** to be passed on to your placement manager or employer.

	Yes	No
Please indicate whether you agree to this happening?		

Data Protection Act 1998:

LATA shall treat all information contained within this document in accordance with the Data Protection Act 1998. This information may be shared with third parties such as funding bodies, referral agencies and employers.

I declare that the information given in this application form is correct:

Applicant signature:		Date:	
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FOR LATA USE ONLY:

	Yes	No
Applicant is eligible to start a programme?		

LATA representative signature:		Print name:		Date:	
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	Yes	No		Yes	No
Details passed to TA for action?			Applicant is suitable for eNVQ?		

Sales and Marketing Information (New Starts)

Source of lead (please tick one box)

01 Agency (i.e. Frontline)		02 Contact Centre		03 Web / e-marketing		04 Referral (i.e Connexions)		05 Local Marketing activity	
06 Progression from other programme		07 Large employer		99 Other (give detail)					

Business Centre:		Name of Learner:	
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*Name of person responsible for start:	
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* Please note that the "Name of the person responsible for start" is not necessarily the person that generates the lead or the person that did the initial interview or sign up. It is the person that 'closed the deal' and as such ought to be given credit for the start.

Recommended Programme / level:	
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Additional information

Please note below any additional information relevant to the learner, the planning of the learning programme, special assessment requirements or concerns: