Skills Funding Agency

Apprenticeships

European Union
European Social Fund
Investing in jobs and skills

city college brighton and hove

Apprenticeship Application Form

(*Please complete all fields)

Personal details

*First name(s) .... *Surname .... *Date of birth DD / MM / YY *Age ....

*National Insurance Number:.. *ULN Number (if known)........................ ☐ Male ☐ Female ☐ Other

* Email address .... * Telephone number..

Permanent home address

*Address..

....

*Town..

*Postcode..

Correspondence address if different

*Address..

....

*Town..

*Postcode..

Apprenticeship you are applying for

Apprenticeship title..

Please tick where appropriate the other Apprenticeships that you may be interested in.

- ☐ Accounting
- ☐ Barbering
- ☐ Beauty Therapy
- ☐ Business & Administration, Management
- ☐ Carpentry - Bench & Site
- ☐ Child Care
- ☐ Creative & Digital Media
- ☐ Customer Service
- ☐ Electro-technical Installation
- ☐ Engineering
- ☐ Hairdressing
- ☐ Health & Social Care
- ☐ Hospitality & Catering - All pathways
- ☐ IT Users
- ☐ IT Practitioner
- ☐ Maintenance Operations
- ☐ Painting & Decorating
- ☐ Plumbing
- ☐ Social Media & Digital Marketing
- ☐ Support Teaching & Learning in Schools
- ☐ Team Leading & Management
- ☐ Vehicle Maintenance & Repair

Do you have or have you been offered employment in your chosen sector? ☐ Yes ☐ No

If yes, please give details below

Company name..

Unit/building number ....

Town/City..

Postcode ....

Contact name..

Street ....

County..

Telephone number..

Your health and mobility

IMPORTANT - To help us ensure that we can provide the support you may need, please inform us of any health or mobility issues or learning difficulties.

- ☐ Visual impairment
- ☐ Hearing impairment
- ☐ Disability affecting mobility
- ☐ Other physical disability
- ☐ Emotional or behavioural difficulties
- ☐ Mental heath problems
- ☐ Asperger's syndrome
- ☐ Profound or multiple
- ☐ Moderate learning difficulty
- ☐ Severe learning difficulty
- ☐ Dyslexia/Dyscalculia/Dyspraxia
- ☐ Autism spectrum disorder

Do you have any allergies or other medical conditions such as Asthma, Diabetes or Epilepsy? ☐ Yes ☐ No

If yes, please give details below

....

Are you or have you ever been living in care, or being looked after by a carer? ☐ Yes ☐ No

Nationality

Please state your nationality .... Is English your first language? ☐ Yes ☐ No

Have you ever lived outside the UK (excluding holidays of 3 months or less)? ☐ Yes ☐ No

If yes, please give details of countries and dates

Country .... Dates..

....

Education

Please list all relevant examinations passed and any you will be taking this year.
It is very important that you include all your predicted grades for examinations not yet taken.

School/College	Subject	Actual/predicted grade	Date of exam	Level (eg. GCSE)
	Maths			
	English			
	ICT			

Have you studied at City College Brighton and Hove before? ☐ Yes ☐ No

Have you completed a Level 4 or higher qualification? ☐ Yes ☐ No

EBS code (office use only)

Criminal convictions

Do you have any relevant* spent** or unspent criminal convictions, any outstanding court proceedings, or are you on any offenders register? ☐ Yes ☐ No

* Relevant convictions means convictions for offences:
- Against the person, whether of a violent or sexual nature
- Involving the unlawful supply or use of controlled drugs or substances where the conviction concerns commercial drug dealing or trafficking
- Arson

** If you are applying for a course in health, social work, sport, childcare or involving work with children or vulnerable adults previous criminal convictions may affect your ability to attend work placements and possibly achieve your course. If you declare that you have a conviction, you will be asked to complete a separate information sheet. This is to help us access any potential risks to yourself or others in the College. Having a criminal record will not necessarily prevent you from studying at College but will depend on the nature of the course and the circumstances and background of the offence. If you do not disclose a relevant conviction then this could result in disciplinary action by the College.

Supporting statement

Please tell us why you are applying for an Apprenticeship. Include details of skills and qualities you can bring to the workplace. (100 words minimum)

....

....

....

Please continue on additional sheet if necessary and attach

....

Declaration

The information given on this form is correct.

Signed: .... Date DD / MM / YY

Parents signature (if under 18): .... Date DD / MM / YY

Please bring with you any examination certificates or reports.
Please note that by completing this form your details will be held on our application database and will be used for management and administrative purposes. As part of our admissions process we will send you information and communications relating to your application and admissions (by email, mobile text or by post).

Please return this form by email to: admissions@ccb.ac.uk
or post it to: Admissions, City College Brighton and Hove, FREEPOST BR1671, Pelham Street, Brighton, BN1 1ZW

Please do not hesitate to contact us if you require any further information or help with completing this form - Call 01273 667704 and ask for Full-time Admissions. For course guides and further information call 01273 667759, email info@ccb.ac.uk or visit the Student Centre at our Central Campus on Pelham Street, Brighton.