



Rocket Training Limited

APPLICATION FORM

Please send this form to:
Lisa.Courtney@rockettraining.co.uk
or post it to Rocket Training Ltd

Study Programme Apprenticeship

Proposed programme: _____

N.I. No: _____

Gender: Male [] Female []

Name:		Date:
Address:		Name of Next of Kin:..... Relationship:..... Address: Contact No:
D.O.B Age:	Tel No:	Mobile No:
Email:		

Ethnicity:

Asian or Asian British - Bangladeshi	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British - Bangladeshi	Asian or Asian British - any other Asian Background
Black or Black British - African	Black or Black British - Caribbean	Black or Black British - Any other Black background	Chinese	Not known /not provided
White British	White Irish	White - any other White background	Any Other	
Mixed - White and Asian	Mixed - White and Caribbean	Mixed - any other background	Mixed - White and Black African	



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WORKING ACTIVITIES					
Include voluntary work and part time jobs, work experience.					
From leaving School to commencement of employment.					
	Name and Address of Employer	Dates From: To:		Position	Duties Undertaken
1					
2					

Last School Attended:			
	Dates:	From:	To:
	Subjects Studied (list all subjects)	Qualifications Gained	Grade/Level
1			
2			
3			
4			
5			
6			
7			

Please include as much detail as possible of all certificates e.g. Compact etc.

Further Education/Training:			
Name of Organisation	Dates To - From	Subject Studied	Qualification Gained
1			
2			

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Hobbies & Interests:

Do you require any additional support with your learning:

TRANSPORT ARRANGEMENTS		
Do You:	Yes	No
Own your own vehicle?		
Have access to public transport?		
Have a full, clean driving licence?		

What placement areas would you travel to?

Do you have any Children?

Are you in need of assistance towards child minding while you are in training?

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Medical Questionnaire

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This confidential form provides Rocket Training Limited with information about you and your needs, and helps us to provide you with the highest quality training, guidance and support.

Do you suffer from any of the following?

Yes

No

Arms/ Legs/ Hands/ Feet/ Back/ Neck		
Severe Difficulty In Seeing		
Severe Difficulty In Hearing		
Learning Disability		
Skin Conditions, Allergies		
Chest or Breathing Problems		
Severe Heart, Blood Pressure or Circulation Problems		
Stomach, Liver, Kidney, Bladder, or Digestion Problems		
Diabetes		
Epilepsy		
Disorder of The Nervous System e.g. Multiple Sclerosis		
Nervous Complaints e.g. Depression, Panic Attacks		
Schizophrenia, Manic Depression		
Drug or Alcohol Dependency		
Other (please specify)		

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Household situation

Is there anyone in your household that's in full time employment?

Please tick which of the following statements apply (one or more may apply):

- No member of the household in which I live (including myself) is employed
- The household that I live in includes only one adult (aged 18 or over)
- There are one or more dependent children (aged 0-17 years or 18-24 years if full time student or inactive) in the household
- None of these statements apply
- Or
- I confirm that I wish to withhold this information

Eligibility:

- I Confirm that I have the right of abode and been resident in the UK for the last 3 years
- I confirm that I have completed year 11 at school or am older Than the legal school leaving age
- I confirm I am not attending any other full-time course
- I confirm I am not in HE, including vacation periods, unless I have expressed An intention not to return to HE
- I confirm I do not hold a qualification higher than the qualification that I am Applying for
- I confirm I have had adequate initial advice and guidance to select the most appropriate course

I Confirm that the above information is correct

Learner Signature Date.....

I Confirm that the above learner is eligible for Work Based Learning

Rocket Signature Date.....

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