



LEARNING CURVE GROUP

Hair and Beauty Academy

APPLICATION FORM

FIRST NAME:			MIDDLE NAME (S):	
SURNAME:			ANY PREVIOUS SURNAMES:	
TITLE: (Mr/Mrs/Miss/Ms)			GENDER:	
ADDRESS:			POSTCODE:	LENGTH OF TIME AT ADDRESS:
DATE OF BIRTH:		TEL NO:		
EMAIL:				
NI NUMBER:		PASSPORT OR BIRTH CERT NO:		
NEXT OF KIN:				
RELATIONSHIP TO LEARNER:		TEL NO:		
ADDRESS IF DIFFERENT FROM LEARNER:				
DO YOU HAVE A LEARNING DIFFICULTY OR DISABILITY? WE ARE COMMITTED TO MEETING THE NEEDS OF ALL STUDENTS				YES No <i>PLEASE HIGHLIGHT</i>
IF YES PLEASE STATE:				
DO YOU HAVE AN EDUCATIONAL HEALTHCARE PLAN (EHCP)?				YES No <i>PLEASE HIGHLIGHT</i>
ADDITIONAL SUPPORT REQUIREMENTS:				
PLEASE STATE:				
DO YOU HAVE ANY MEDICAL CONDITIONS THE COLLEGE SHOULD BE AWARE OF TO ENSURE YOUR HEALTH AND SAFETY WHILST ON YOUR PROGRAMME				YES No <i>PLEASE HIGHLIGHT</i>
IF YES PLEASE STATE CONDITION:				
ARE YOU EMPLOYED?	NUMBER OF HOURS WORKED	NAME OF EMPLOYER		
YES No <i>PLEASE HIGHLIGHT</i>				
LENGTH OF TIME WITH CURRENT EMPLOYER				
LENGTH OF TIME UNEMPLOYED				

DO YOU HAVE ANY CRIMINAL CONVICTIONS		YES No <i>PLEASE HIGHLIGHT</i>
HAVE YOU BEEN LIVING IN THE UK/EEA FOR THE LAST 3 YEARS?		YES No <i>PLEASE HIGHLIGHT</i>
IN WHICH COUNTRY DO YOU NORMALLY LIVE		
WHAT IS YOUR ETHNICITY?		WHAT IS YOUR NATIONALITY?
IF YOU ARE OR HAVE BEEN LIVING OVERSEAS PLEASE STATE YOUR DATE OF ENTRY INTO THE UK		IF NOT ENGLISH WHAT IS THE LANGUAGE SPOKEN AT HOME
PLEASE INDICATE YOUR CURRENT STATUS IN THE UK IF NOT BRITISH:		

EXISTING QUALIFICATIONS

QUALIFICATION TITLE (INCLUDE PREDICTED GRADES)	TYPE EG: GCSE/BA,BSc	LEVEL OR GRADE	DATE PASSED OR DUE TO ACHIEVE
IS A FAMILY MEMBER DEPENDENT ON YOU TO CARE FOR THEM (PLEASE CIRCLE)		YES	NO <i>PLEASE HIGHLIGHT</i>
HAVE YOU EVER BEEN IN CARE (PLEASE CIRCLE)		YES	NO <i>PLEASE HIGHLIGHT</i>

CHOSEN COURSE			
COURSE TYPE	APPRENTICESHIP 16-18 STUDY PROGRAMME 19+ PART TIME COLLEGE <i>PLEASE HIGHLIGHT</i>		
LOCATION:	SHEFFIELD		

WHAT CAREER OR CAREER CHANGE ARE YOU AIMING FOR ?

Data Protection Statement

Learning Curve Hair & Beauty Academies use this application form to collect information about you for various administrative, academic and health and safety reasons. This information may be shared with other government and educational organisations for the purposes of administration, careers and other guidance. The Data Protection Act 2018 requires you to sign the following 'consent to process' clause and answer the following question. I agree to Learning Curve Group Hair & Beauty Academies processing personal data, including data about my ethnicity, criminal convictions, my learning difficulties & disabilities and medical conditions which Learning Curve Hair & Beauty Academies obtains from me or other parties. I agree to the processing of such data for any purposes connected with my course application, my health and safety or any other legitimate reason. The information I have provided to the best of my knowledge is a true and accurate record

SIGNED (APPLICANT)		DATE	
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OFFICE USE ONLY:

	Please Tick	Date Completed
Web enrolment link sent		
Uniform link sent		
Induction information sent		