

Applicant's Personal Details

Title: _____ Initials: _____ SKILLcard Number:
(Mr, Mrs, Miss, Ms etc.) (Applicant existing number if known)

Surname: _____ Forename(s): _____

Home Address: _____
(Including Post Code)

Home Tel No: _____ Mobile No: _____

Email Address: _____

Date of Birth:
D D M M Y Y

NI Number:
L L N N N N N N L

Applicant should affix a recent passport-sized photograph in this space

Equality and Diversity

We are committed to equality of opportunity as an awarding body, service provider and employer. To ensure that this policy is being carried out, you have been asked to provide equal opportunities monitoring information. It will be used solely for monitoring purposes, will be treated as confidential and will not influence a decision about this application.

What is your ethnic group? Please choose from the options listed below to indicate your cultural background.

<p>White</p> <p>English / Welsh / Scottish / Northern Irish / British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Gypsy or Irish Traveller <input type="checkbox"/></p> <p>Any Other White Background <input type="checkbox"/></p> <p>Asian / Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Chinese <input type="checkbox"/></p> <p>Any Other Asian Background <input type="checkbox"/></p> <p>Other Ethnic Group</p> <p>Arab <input type="checkbox"/></p> <p>Any Other Ethnic Group <input type="checkbox"/></p> <p>Other / Option Not Listed</p> <p>Prefers Not to Say <input type="checkbox"/></p> <p>Other, please provide details below: <input type="text"/></p>	<p>Black / African / Caribbean / Black British</p> <p>African <input type="checkbox"/></p> <p>Caribbean <input type="checkbox"/></p> <p>Any Other Black / African / Caribbean Background <input type="checkbox"/></p> <p>Mixed / Multiple Ethnic Group</p> <p>White and Black Caribbean <input type="checkbox"/></p> <p>White and Black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any Other Mixed / Multiple Ethnic Background <input type="checkbox"/></p> <p>Do you consider yourself to have a disability?*</p> <p>No <input type="checkbox"/> Yes <input type="checkbox"/> If "Yes" please provide details below:</p> <p><small>*Equality Act 2010 (Disability Discrimination Act 2005, in Northern Ireland), defines disability as "a physical or mental impairment which has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities".</small></p> <p><small>We may contact you by mail, telephone or email to let you know about any goods, services or promotions which may be of interest to you. Please tick this box if you do not wish to receive such information from us. <input type="checkbox"/></small></p> <p><small>From time to time an employer/contractor may wish to verify your certificate details. Please confirm your acceptance for such approved people to access data via the web by ticking this box. <input type="checkbox"/></small></p>
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Do you have any additional support needs/requirements? If so, please detail these below:

Applicant's Declaration

- I agree that:
- I have been issued with, understand and accept the conditions contained in the BESA Training publication Assessment Information and the relevant Scheme Information;
 - Details of the assessment process have been explained to me;
 - False, inaccurate or misleading declarations or breaches of confidentiality may result in the withdrawal or cancelling of any certificate issued;
 - Information in connection with the result of my assessment may be passed to other interested parties;
 - Information provided will be held electronically, used for validity and qualification checks and may be printed on any certificate and/or card issued;
 - I must not pass on to any other person any information in connection with my assessment;
 - The details contained on this form will be entered onto BESA Training' database and will be used for the purposes recorded on its Data Protection Registration;
 - My date of birth and National Insurance number may be printed on any certificate issued.

(Signature) _____
Important: Check your National Insurance number, shown above, is correct and that all other details on this form are complete and clear. If your personal details are incorrect or unclear you will be charged an additional fee to correct these details.

(Date) _____

At this centre, I have undertaken: (tick one box)

Training & Assessment Assessment Only