

Young Apprenticeship Programme - Cohort 7 (2010/12)

Please complete and return by 1st April to: **Parmjit Sahans, Children's Services & Lifelong Learning, The Civic Centre, Lampton Road, Hounslow. TW3 4DN Fax: 020 8583 2613 Email: Parmjit.sahans@hounslow.gov.uk**

FOR OFFICE USE ONLY	Date Received:	Student number:
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PLEASE COMPLETE THE FORM IN BLOCK CAPITALS USING A BLACK BALL POINT PEN

Part A – to be completed by the student and parent or guardian

1. ABOUT YOURSELF

First Name:		Surname:		Gender:		Date of Birth:	
Home address:				Town:		Post Code:	
Emergency Contact details:				School:			
Name of parent/carer:							
Home Tel No:		Work Tel No:		Mobile Tel No:			

2. YOUR YOUNG APPRENTICESHIP COURSE

Please indicate with a tick (✓) which Young Apprenticeship subject you wish to be considered for:	Write a statement below to say why you want to take up this course: (Add another page if you need more space)
<input type="checkbox"/> Construction
<input type="checkbox"/> Hairdressing
<input type="checkbox"/> Health and Social Care
<input type="checkbox"/> Hospitality
<input type="checkbox"/> Motor Industry
<input type="checkbox"/> Sports Management, Leadership & Coaching

3. EXTRA SUPPORT FOR YOU

Do you have a physical or learning disability? YES / NO
If YES, please provide details: (e.g. diabetes, epilepsy, difficulty with mobility, dyslexia, visual or hearing impairment, learning difficulty)

4. EQUAL OPPORTUNITIES MONITORING

Please complete the ethnic monitoring form overleaf

5. SIGNATURES

Student's signature:	Date:
I consent for my son/daughter/young person in my care to participate in the Young Apprenticeship programme.	
Parent or guardian's signature:	Date:

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Part B – to be completed by the school/organisation

6. SCHOOL CONTACT/ORGANISATION DETAILS

Name of Pupil:	Name of School/Organisation:
Name of school /organisation representative:	Job Title:
School contact Email address:	Tel No:

7. SELECTION CRITERIA and DOCUMENTATION

➤	KS3 teacher assessment score: Maths English Science
➤	Attendance record in Year 9 as a %
Please attach the following documents to this application:	
<input type="checkbox"/>	Student's record of attendance and punctuality. Please note any particular circumstances
<input type="checkbox"/>	Tutor profile report. Please provide full details including information on: <ul style="list-style-type: none"> • Behaviour and attitude • How the student relates to peers and staff • Subjects currently being studied • Potential in the KS4 curriculum (e.g. subject choices, areas of difficulty, talent, interests, skills, etc. • Ability to cope in an adult environment • SEN or learning support requirements • Suitability and ability to cope with a demanding course programme

8. KNOWLEDGE OF OTHER AGENCY INVOLVEMENT

	Involved?	Information obtained?	Comments
Child and adolescent mental health			
Educational services – eg, educational psychology, learning mentor, EWO			
Health			
Youth offending team			
Connexions Personal Adviser for Impartial Careers Advice and Guidance			
Other (please specify)			

9. SIGNATURE / CONFIRMATION

I declare that the information on this form is correct, and I recommend this student for the YA programme and course of study

Signature of school/organisation representative:	Date:
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