

## Learn to Re-create™

Fashion and Textiles Education and Production

## APPLICATION FORM



## **Training Programme Application Form**

This application form is for people who are applying to enrol on any Training Programme run by Learn to Re-create. Please indicate which course you are applying for below.

Course Title			
Goding Title			
COMPLETING THE APP			
• • •			ompleting. Please fill in all sections relevant
	, , ,	-	do not complete the information required we
		-	ess. This form will be photocopied, so please
type or write in black ink. If	you word process your application	on, plea	ase do not change the format.
Please make sure the appli	cation form is fully completed.		
SECTION 1			
APPLICANT DETAILS			
Title:	First name(s):		Last name:
Address:			
Town:			
County:		P	ostcode:
Country:			
Email address:			
(Learn to Re-create will u ensure it is current and a		metho	od of communication with you, so please
Telephone ( daytime):	Telephone (evening):	M	lobile:
Date of birth:	Age:		
Gender	Male □ Female □	Male □ Female □	



How much sewing or textile craft making experience do you have? Place a tick in the appropriate box.  Beginner	QUALIFICATIONS AND SKILLS LEVEL		
Are you interested in using your new skills as a hobby or to start up an enterprise?  No qualifications  NVQ Level 1 or equivalent  NVQ Level 2 or equivalent  NVQ Level 3 or equivalent  NVQ Level 4 or equivalent  NVQ Level 5 or equivalent  Other  Not known	How much sewing or textile craft making experience do you have? Place a tick in the appropriate box.		
No qualifications  NVQ Level 1 or equivalent  NVQ Level 2 or equivalent  NVQ Level 3 or equivalent  NVQ Level 4 or equivalent  NVQ Level 5 or equivalent  Other  Not known	Beginner ☐ Intermediate ☐	□ Advanced □	
No qualifications  NVQ Level 1 or equivalent  NVQ Level 2 or equivalent  NVQ Level 3 or equivalent  NVQ Level 4 or equivalent  NVQ Level 5 or equivalent  Other  Not known			
No qualifications  NVQ Level 1 or equivalent  NVQ Level 2 or equivalent  NVQ Level 3 or equivalent  NVQ Level 4 or equivalent  NVQ Level 5 or equivalent  Other  Not known	Are you interested in using your new skills a	s a hobby or to start up an enterprise?	
NVQ Level 2 or equivalent       NVQ Level 3 or equivalent         NVQ Level 4 or equivalent       NVQ Level 5 or equivalent         Other       Not known	7 no you meredea in doing your non claim a	o a nobby of to start up an emerphore	
NVQ Level 2 or equivalent       NVQ Level 3 or equivalent         NVQ Level 4 or equivalent       NVQ Level 5 or equivalent         Other       Not known	No qualifications	NVQ Level 1 or equivalent	
NVQ Level 4 or equivalent       NVQ Level 5 or equivalent         Other       Not known		-	
Other Not known			
Please provide pictures of some of your recent work below and/or your website address (if you have one):			
	Please provide pictures of some of your rece	ent work below and/or your website address (if you have one):	



EMPLOYMENT STATUS			
Are you currently employed or self -employed? Yes ☐ / No ☐			
If Yes, please provide:			
Name of employer:			
Employer address			
Employer Postcode  If employed, please let us know on a separate sheet how you intend to attend the programme and manage your work commitments.			
If you are self-employed, for how long?			
0 - 12 months □ 13 - 23 months □ 24 – 36 months □ 36 months+ □			
Sector of Employment (please select ONE fro	<u>.                                    </u>		
Audio Visual	Furniture/Product Design		
Construction	Health and Social Care		
Cultural Tourism	Hospitality		
Design	Jewellery		
Electronics	Music		
Fashion	Print and Publishing		
Financial/Professional Services	Other	<u> </u>	
If No, what is your current status?			
Unemployed □ Student □			
Other □ If 'Other' please explain_			



## In Confidence

Learn to Re-create is committed to ensuring that the initiatives we provide are run in ways that follow high standards of organisational equality and inclusion.

The information on this page is used for:

- o The monitoring of achievement of these targets only and will be kept strictly in confidence.
- o Ensuring that planning takes into account the variety of skills and needs across Learn to Re-create.
- Ensuring that we comply with legislation

Any data collected will be treated as confidential and protected under the Data Protection Act (1998) and will not identify individuals. The information you provide will be shared with other partner organisations for purposes relating to education or training.

By completing this form, you are consenting to the use of this information for monitoring purposes.

SECTION 2 ETHNIC GROUP - Please tick as appropriate			
White – Irish	Any other Asian/Asian British background		
Any other White background	Black/Black British – Caribbean		
Mixed – White & Black Caribbean	Black/Black British – African		
Mixed – White & Black African	Any other Black/Black British background		
Mixed – White & Asian	Chinese		
Any other Mixed background	Any other Ethnic Group (please state below)		
Asian/Asian British – Indian		•	
Asian/Asian British – Pakistani	Prefer not to say		

DISABILITY			
The Disability Discrimination Act 1995 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'. Based on this definition, do you consider yourself to have a disability? Yes \( \triangle \) No \( \triangle \)			
If yes, what is the nature of your disability? - please tick as appropriate			
Moderate Learning Difficulty	Mental Health		
Severe Learning Difficulty	Physical Health		
Dyscalculia	Substance Dependency		
Dyslexia	Multiple Learning Difficulties		
Physical Disability	Multiple Physical Disabilities		
Hearing Disability	Other (please state below)		
Visual Disability			
Speech Disability	Prefer not to say		



DECLARATION	
Student	
By signing this form I agree that to the best of my kaccurate account.	nowledge, the information in this form is a true and
Print Name:	Date:
Signature:	
Before posting check:	
Are all the questions answered?	
To secure your place on the course please note th total course fee). We accept cash or cheque. If applicable to you.	
Please tick one of the course start dates:	

Please ensure that your application form is returned at the latest 4 weeks before your preferred start date.

E.g. if your preferred start date is 12 February 2018, your application must be returned by 12 January 2018.

Please email completed applications to  $\underline{training@learntorecreate.com}$  or email  $\underline{info@learntorecreate.com}$  if you require further information.

Please see our terms and conditions.