



HADDON TRAINING LIMITED LEARNER APPLICATION FORM HORSE CARE

First name			
Family name			
Address			Postcode
Tel		Mobile	
E-Mail		Date of Birth	

N.I. No		Are you married?	Y / N	Male	O
		Do you have any children?	Y / N	Female	O

I am interested in the following area				Placement Details		Yes	No
Breeding	O	Care of the Performance Horse	O	I want to work but still live at home	O	O	
Schooling	O	Driving	O	I am happy to work and live away from home	O	O	
Exercise	O	Racing	O				

Please give brief details of previous employment or work experience, and any qualifications that are relevant to your chosen vocational area. Tell us why you are interested in training and what your ultimate career goals are.

Careers Advice from Connexions	Which Connexions Office did you go to			
I have spoken to a Careers Advisor O				
Have you ever been on any of the schemes below	Yes-Finished	Yes-Not Finished	No	If yes then please give details of which one and when you were on it
Advanced Apprenticeship	O	O	O	
Apprenticeship	O	O	O	
Other work based training (NVQs)	O	O	O	

Haddon Training strives to be an equal opportunities employer and monitors the effectiveness of its policy. The information is used for monitoring purposes only. Please tick your ethnic origin.

Asian or Asian British:	Mixed:	Black or Black British:	White:
Bangladeshi	11 White and Asian	19 African	15 British
Indian	12 White and Black African	20 Caribbean	16 Irish
Pakistani	13 White and Black Caribbean	21 other Black background	17 other White background
other Asian background	14 other Mixed background	22 Chinese	18 Any other
			23
			24
			25
			98

Subject	Number	Year Achieved	Maths Grade	English Grade
GCSE at "C" and above				
GCSE at "D" and below				

*If you have any extra qualifications please attach a separate piece of paper with full details.
You MUST supply copies of certificates for your all your MATHS and ENGLISH.*

Please tick only the boxes that you apply to you

Special Support Assistance				
I have a visual impairment		01	I have moderate learning difficulty (may need help with reading or writing)	01
I have a hearing impairment		02	I have a severe learning difficulty	02
I have a disability affecting mobility		03	I have dyslexia	10
I have an unseen disability (diabetes, asthma epilepsy)		05	I have dyscalculia	11
I have a mental health difficulty		07	I have autism spectrum disorder	20
I have aspergers syndrome		10	I have no learning difficulties	98
I have no disability		98	I wish to discuss my needs before the start of the course (if you tick this box you will be contacted by Additional Learning Support)	

Eligibility	YES	NO
1. Have you lived in the EU for 3 years or more?		<input checked="" type="checkbox"/>
2. Have you been in full time education during this period?		<input type="checkbox"/>
3. Are you an EU Citizen?		<input checked="" type="checkbox"/>
4. Are you a refugee?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. If you answered yes to Question 4, do you have exceptional leave to stay in the UK?		<input type="checkbox"/>
6. Are you an Asylum Seeker?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Have you left School?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Are you currently attending College?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Are you currently in Higher Education?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Do you have a degree?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Do you come from Wales or Scotland?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

I have an employer who I would like to be placed with:	
Name of Company	<p>We are required by the Data Protection Act 1998 to get your permission to process any information on this form. Please sign below the following declaration:</p> <p>I confirm the information on this form is correct to the best of my knowledge and agree to Haddon Training processing any data on the form as required for my training.</p>
Name of Contact:	
Telephone Number:	
Date Started:	

Dates I am available for an Interview		Dates I would be available to start training	
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Signature		Date	
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Parent/Guardian Name, Address & Tel No if different to yours
(if you are under 18 years old you must get either your parent or guardian to sign this form)

Signature of Parent/Guardian

How did you hear about Haddon Training?

Connexions Office	<input type="radio"/>	Careers Literature	<input type="radio"/>	Web site	<input type="radio"/>	Magazine Article	<input type="radio"/>
School Careers Fair	<input type="radio"/>	Employer	<input type="radio"/>	Roadshow Taster Day/	<input type="radio"/>	Advertising	<input type="radio"/>