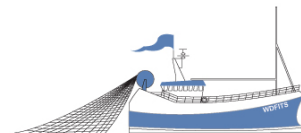




Whitby & District Fishing Industry Training School Application Form



Whitby & District Fishing Industry Training School Limited is registered under the Data Protection Act 1998

Welcome to Whitby Fishing School, thank you for taking the time to complete this Application Form which is the first step to a successful career. Whitby Fishing School will do everything we can to ensure you achieve your ambitions. Our friendly staff are also available should you have any questions.

Personal Details				
Title		First Name(s)		
Surname			Previous surnames	
DOB		Age		N.I. No
Address	Town:		Postcode:	
Mobile No.			Home Phone No.	
Email				

General Eligibility	
Please tick the box, which covers your status:	
UK Citizen	<input type="checkbox"/>
EU National	<input type="checkbox"/>
EEA Migrant Worker who has been in the EU for the past 3 years	<input type="checkbox"/>
Have "settled status" i.e. resident in the UK for the past 3 years	<input type="checkbox"/>
Spouse of UK citizen/person with settled status who has been married and resident in the UK for 1 year	<input type="checkbox"/>

Eligibility Criteria		
Are you enrolled on any other training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please give details:		
Are you currently subject to custody as a prisoner or on remand in custody?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please explain		

Equal Opportunities Monitoring			
Please tick the box, which most closely describes your ethnic origin:			
White - British	<input type="checkbox"/>	White – Irish	<input type="checkbox"/>
Any Other White background	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>	Any Other Mixed background	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Any Other Asian background	<input type="checkbox"/>	African	<input type="checkbox"/>
Arab	<input type="checkbox"/>	Any Other Black/African/Caribbean background	<input type="checkbox"/>
Any Other Ethnic group	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

ID Seen:			
Passport Number		Driving Licence Number	
National Insurance Card	<input type="checkbox"/>	Bank Card/Debit Card	<input type="checkbox"/>
Other	<input type="checkbox"/>	ID Card/Other National ID	<input type="checkbox"/>
If Other, please specify:			

Previous Qualifications:			
Subject	Level	Grade	Date achieved
Name of School / college attended			
WHITBY FISHING SCHOOL USE ONLY			
Highest Prior Attainment:			

Work experience whilst at school or college

Employment history – most recent/current employer first (paid or voluntary)			
Date From/to	Company	Position held	Brief description of work

What are your interests?

Please tell us why you are interested in joining the fishing industry

HEALTH

Listed below are aspects of health which can make some work activities difficult. In a few cases it is impossible to do some jobs due to a health problem. Usually though, most jobs are still OK but it does depend upon how serious the problem is. If you have any of the conditions shown below, please tick in the relevant box/boxes.

If you are under 18 you will be required to undertake a medical examination as required by the Merchant Shipping and Fishing Vessels (Health and Safety and Work) (Employment of Young Persons) Regulations, S.I. 1998 No. 2411. Whitby Fishing School requires all learners, regardless of age, to undertake the ENG 1 medical as part of our responsibility for learners' health, safety and welfare.

The information will help us to provide you with the best possible advice on your career options and offer appropriate support to enable you to pursue your chosen career and achieve your aims.

Please tick all that apply -

Health / Learning Difficulties

Do you have any health difficulties or learning difficulties? Yes No

Are you currently taking medication that would impact on your learning? If yes please state

Please tick if you have any of the following health difficulties or learning difficulties :

Visual impairment	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>
Disability affecting mobility	<input type="checkbox"/>	Profound complex disabilities	<input type="checkbox"/>
Social & emotional disabilities	<input type="checkbox"/>	Mental health difficulty	<input type="checkbox"/>
Moderate learning difficulty	<input type="checkbox"/>	Severe learning difficulty	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Alcohol or drug problems?	<input type="checkbox"/>
Autism spectrum disorder	<input type="checkbox"/>	Asperger's syndrome	<input type="checkbox"/>
Temporary disability after illness or accident	<input type="checkbox"/>	Speech, language & communication needs	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Claustrophobia	<input type="checkbox"/>	Migraine	<input type="checkbox"/>
Back Problems	<input type="checkbox"/>	Standing	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	Heart disease	<input type="checkbox"/>
Blackouts or fainting	<input type="checkbox"/>	Working at heights	<input type="checkbox"/>
Skin allergies, i.e. Eczema, dermatitis	<input type="checkbox"/>	Use of hands and arms	<input type="checkbox"/>
Colour vision	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	Other specific learning difficulty	<input type="checkbox"/>
Dyscalcula	<input type="checkbox"/>	Other learning difficulty	<input type="checkbox"/>
Other physical disability	<input type="checkbox"/>	Other disability	<input type="checkbox"/>
Other medical condition	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Have you ever been involved in a serious accident or received major surgery? Please state:

How does your health condition affect your learning:

For learners 16 - 24 – Do you have an Educational Health Care Plan Yes No

Current Employment Status

Are you currently employed? Yes No

Are you self-employed? Yes No

Have you had any previous work experience? Yes No

Employed

Company Name

Number of hours a week you work? Less than 16 hours 16 - 19 hours over 20 hours

To qualify for fully funded courses - Do you earn less than £15,000 per year? Yes No

Evidence seen (3 months wage slips of similar)

How long have you been employed by this company?

Less than 3 months 4 - 6 months 7 - 12 months over 12 months

Not in Employment			
Length of unemployment:			
Less than 6 months	<input type="checkbox"/>	6-11 months	<input type="checkbox"/>
12-23 months	<input type="checkbox"/>	24-35 months	<input type="checkbox"/>
over 36 months	<input type="checkbox"/>		
Benefits claimed:			
JSA	<input type="checkbox"/>	ESA – WRAG	<input type="checkbox"/>
Universal Credit	<input type="checkbox"/>	Other	<input type="checkbox"/>
If other, please state:			
I wish to undertake training in order to help me gain employment	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
I am actively seeking employment	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

Criminal Convictions	
Whitby Fishing School has a duty of care, particularly to learners who are under 18 years of age. In view of this, all applicants are required to declare any criminal convictions. All information given will be treated as sensitive data under the Data Protection Act.	
Do you have any criminal convictions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:	

How did you hear about Whitby Fishing School			
School	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	Social Media	<input type="checkbox"/>
Careers	<input type="checkbox"/>	Family / Friends	<input type="checkbox"/>
Other	<input type="checkbox"/>	If other, please state	

Next of Kin Details (required for 16-18 and optional for 19+)			
Name:		Relationship:	
Address:		Postcode:	
Home Phone No:		Mobile No:	
Email Address:			

Household Situation	
Please tick the box which best describes your current household situation:	
No household member is in employment and the household includes one or more dependent children	<input type="checkbox"/>
No household member is in employment and the household does not include any dependent children	<input type="checkbox"/>
I live in a single adult household with dependent children	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
None of the above applies	<input type="checkbox"/>

I confirm that the information on this form and my ULN can be shared with any provider (including sub-contractors) and any other relevant service to help me in fulfilling my future goals.

YOU MUST ADVISE DETAILS OF TWO REFEREES, WHOM WE MAY CONTACT, (E.G. PREVIOUS EMPLOYER, WORK PLACEMENT, SCHOOL OR COLLEGE – NOT FRIENDS OR FAMILY)	
<i>(Please note – failure to provide details of two referees may result in your application not being considered)</i>	
Name:	Name:
Position in company/organisation	Position in company/organisation
Address	Address
.....
.....
..... Pcode Pcode
Tel.Number (essential)	Tel.Number (essential)

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the relevant data protection legislation the DfE is the data controller for personal data processed by the ESFA.

Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR). Your information will be securely destroyed after it is no longer required for these purposes. Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can agree to be contacted for courses / learning opportunities, surveys & research by ticking any of the following boxes: Preferred method of contact – Do not contact **Email** **SMS** **Post** **Telephone**

Further information about use of and access to your personal data, details of organisations with whom we regularly share data, information about how long we retain your data, and how to change your consent to being contacted, please visit:

<https://www.gov.uk/government/publications/esfa-privacy-notice>

Applicant Signature		Date	
WDFITS Staff Signature		Date	
Provision (For office use only - Please circle)			
Apprenticeship	Diploma	Other: Please specify	