

Skills Bootcamps for the Workplace Applicant & Enrolment Form

To be completed on application for course. All sections are mandatory unless stated otherwise and must be completed to enable your application to be considered.

1. Skills Bootcamp Course <i>(to be populated by the Training Provider)</i>	
Course Title:	
Name of Training Provider:	
Course Start Date:	
What specific entry criteria or requirements are there to join this course?	

2. Applicant Name	
Applicant First Name:	
Applicant Surname:	

3. Date of Birth	
Please provide your Date of Birth (dd/mm/yyyy)	

4. Applicant's Address & Postcode	
Current Home Address	
Postcode	

5. Right to Work	
Do you have the right to work in the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Note, training providers will request evidence of your right to work e.g. passport, Visa	
National Insurance number	

6. Applicant contact details	
Email Address	
Phone Number	
The above information is required for registration purposes and will only be shared with Liverpool City Region Combined Authority, Department for Education (DfE) and allocated training provider, it will not be shared with anyone else.	
All learners may be contacted by DfE to participate in interviews and/or surveys as part of their evaluation. Do you opt out of being contacted for this purpose?	<input type="checkbox"/> Yes – Opted out <input type="checkbox"/> No – learner consents to contact

7.a. Prior Attainment (please tick)			
Entry Level	<input type="checkbox"/>	LEVEL 5 (e.g. Higher National Diploma, Degree Apprenticeship)	<input type="checkbox"/>
LEVEL 1 (e.g. GCSE Grade D-G)	<input type="checkbox"/>	LEVEL 6 (e.g. BA, BSc Degree, Degree Apprenticeship)	<input type="checkbox"/>
LEVEL 2 (e.g. GCSE Grade A*-C, BTEC L2)	<input type="checkbox"/>	LEVEL 7 (e.g. MA, Chartered Professional Qualification)	<input type="checkbox"/>
LEVEL 3 (e.g. A Level, BTEC National Diplomas/NVQ, Advanced Apprenticeship, T-Levels)	<input type="checkbox"/>	LEVEL 8 (e.g. PHD)	<input type="checkbox"/>
LEVEL 4 (e.g. Foundation Degree, Higher National Certificate, Higher Apprenticeship)	<input type="checkbox"/>		

7.b. If you have completed a Level 6 qualification or above, please select the subject	
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8.a. Employment Status (please select from drop down)	
*Please indicate if currently at Risk of redundancy, or if you are currently employed via an Agency, or on a reduced or zero-hour contract.	
Additional info, if required:	
8.b. Are you currently receiving Universal Credit?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Occupation (If you are not currently employed, please answer below questions to your most recent occupation)	
Please list your occupation	
Name of current employer	
Employer post code	
Industry / sector of current or most recent occupation	
Current or most recent wage (Can be entered as hourly, monthly, or annual)	
How many hours a week do you currently work? (Please use N/A if not currently working)	

**10. Employed Applicants**

a. Has your employer selected you to apply for this training course Yes
 No

b. Would you like to progress your career with your existing employer / organisation? Yes
 No

If the answer is Yes to either 10.a or 10.b please complete following.

Note we are unable to complete eligibility assessment without contacting your employer. Employer co-contribution is also required towards the cost of training.

(Training Providers – Please contact your LCRC Account Manager where this is the case)

Employer Address

Manager Name

Manager Phone Number

Manager Email

11. Self Employed Applicants (Please leave blank if not applicable)

Is the purpose of the training to develop your existing business or are you looking to change business / career?

Develop

Change

(Training Providers – Please contact your LCRC Account Manager to arrange ONA if applicant is looking to develop)

12. Plans to Work Alongside the Course (please select from drop down)**13. Caring Responsibilities (please select from drop down)****14. Gender (please select from drop down)****15. Disability / Long Term Health Condition (please select from drop down)**

16. Ethnicity (please select from drop down)

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17. Where did you hear about the course?

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18. Liverpool City Region Combined Authority would like to understand your experience of the course and any improvements we can make to future courses?

Please select if you **DO NOT** give consent to being contacted for this purpose.

Declaration

I declare that the information provided is complete and accurate.

For further information on the Liverpool City Region Combined Authority Fair Processing Notice and Department for Education Privacy Notice, please visit the link below:

[Fair-Processing-Notice-Skills-Bootcamps.pdf \(liverpoolcityregion-ca.gov.uk\)](#)

I confirm I have read DfE [Whistleblowing policy](#) and understand in the event of making a complaint it should be clearly marked as 'Skills Bootcamps'

I confirm that I have read and understood the above Privacy and Whistleblowing policy

YES

Applicant Name:

Applicant Signature*:

Date of Signature:

**If a 'wet' or 'digital' signature cannot be provided, then a typed signature is acceptable*


To be completed by the Training Provider
Pre-course Assessment

Please provide details of the type of Pre-course Initial Assessment that has been completed

Prior Learning Assessment

Please provide details of what previous experience the learner has achieved prior to commencement of the course

Does the Applicant meet the entry criteria/
course requirements?

Has the Applicant been informed of the
attendance commitment required?

Have you recorded satisfactory evidence
that the learner has the right to work in the
UK and meets DfE's AEB residency
guidelines?

Name:

Job title:

Signature:

Date: