



Application Pack (JJ6411)

Please complete all sections of this form. The information will remain confidential and be used to assess your experience and skills against the learning programmes on offer.

Post 16 Provision

Please indicate the course being applied for:

Supporting Teaching & Learning Level 2 Certificate

Specialist Support in Teaching & Learning Level 3 Diploma

HSc Adult Core Level 2

Personal Details:

Name: _____

Date of Birth: _____

Address: _____

Postcode: _____

Tel no: _____

Mobile no: _____

NI Number: _____

Email address: _____

In case of emergency, please contact: _____

Contact telephone number: _____

What primary school did you attend? _____

Experience and Training:

Please list your qualifications that you have achieved or are taking this year:
(highest qualification first)

Training/Qualification	Subject	Date Achieved

Please use continuation page if necessary

What comprehensive school did you attend in Year 11?

All about me:

My Hobbies and Interests

*My Dreams and Wishes for the future:
What would you like to achieve in the future?*

Do you have any specific needs? Yes No

Did you receive additional support in school, if so what type of support?

Do you require additional support during the application process? Yes No

Are you experienced in using public transport to attend training and placement? Yes No

My Strengths:

How to Support My Learning:

Are you happy for us to share this information with your placement? Yes No

Why would you like to enrol on the teaching assistants course?

How do you plan to balance the course workload with any other responsibilities you might have? e.g. work, homelife, medical needs

If a child, parent or member of staff from your placement sent you a friend request on social media, what would you do?

If you were asked to carry out a task which you were unsure of or had not completed before in placement, what would you do?

Confidential Health Questionnaire

Please answer the following as accurately as possible.

*** *Delete where not applicable***

1. Do you have or have you ever had any illness or injury making it difficult for you to retain a job?

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2. Have you ever been advised not to do a particular job on medical grounds?
If yes, please explain why.

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3. Do you hold a current driving licence? *

YES	NO
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4. Have you ever been advised not to drive?
If yes please explain why.

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5. Are you registered as a disabled person?*

YES	NO
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6. Are you allergic to anything? If yes, what are the allergies and what are the reaction to the allergies?

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7. Do you wear spectacles or contact lenses? *

YES	NO
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8. Are you colour blind? *

YES	NO
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9. Do you wear a hearing aid? *

YES	NO
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10. Can you hear a normal conversation? *

YES	NO
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11. Have you had a tetanus

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injection? If yes, please state when.

How many covid vaccinations have you received?

Are you able to do strenuous physical work? *

YES	NO
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Do you have or have you had any of the following?

Frequent headaches. *	YES	NO
Faints/Blackouts. *	YES	NO
Convulsions/Fits. *	YES	NO
High Blood Pressure. *	YES	NO
Asthma/Hay Fever. *	YES	NO

If you have already answered YES to any of the above please give details.

Any other illness or injury that you have not already mentioned.

Do you take any long term medication? Please give details.

Do you require any medical injections? If yes, please give details.

Please give the name, address and telephone number of your doctor.

Declaration

I declare that the information I have given is true to the best of my knowledge.

Signature: _____

Date: _____

How to complete the online application form for your DBS

SECTION: *Applicant's details*

This is where you fill in:

- ✓ Your full name - If you have been known by any other names and the dates
- ✓ Your date of birth
- ✓ Place of birth (town and county) - this would be RCT if you were born in The Royal Glam Llantrisant, or the locality of hospital where you were born is
- ✓ National Insurance number – you would have a letter with this number on
- ✓ Driving license – this can be your provisional as well as full license details
- ✓ Passport details
- ✓ Do You Have a Scottish vetting or barring number – TICK NO

SECTION: *Current address & other addresses*

This is where you fill in:

- ✓ Your current address and all other addresses you have lived in over the past 5 years

SECTION: *Declaration of the Applicant*

- ✓ *This is where you tick **YES** if you have received a conviction, written warning or caution from the Police*
- ✓ *You tick **NO** if you have not received a conviction, written warning or caution from the Police*

SECTION: *Apply for a DBS check*

- ✓ *Position applied for – TRAINEE TEACHING ASSISTANT*
- ✓ *Organisation name – HEN FELIN TRAINING*

Documentation required to photocopy for your DBS

- ✓ Passport
- ✓ Birth certificate
- ✓ Provisional/full driving license
- ✓ National insurance number/letter
- ✓ Bank statement (must be under 3 months old)
- ✓ Letter from EMA/Student Finance
- ✓ Letter from your comprehensive school on headed paper confirming your full name, date of birth and address

We only need to photocopy these documents, you will have them back the same day.

