

Skills Bootcamp Learner Enrolment Form



Applicant Information

Applicant Number: _____

First Name: _____

Surname: _____

National Insurance Number: _____

Home Postcode: _____

Skills Bootcamp Application

Course Title: _____

Application Date (MM/YYYY): _____

Personal Information

Date of Birth (DD/MM/YYYY): _____

Gender: ☐ Male ☐ Female ☐ Prefer not to say ☐ Other: _____

Disability/Long-Term Health Condition?: ☐ Yes ☐ No ☐ Prefer not to say
Ethnicity: _____

Contact Information

Email Address: _____

Telephone Number: _____

Educational Background

Highest Level of Education Completed: _____

If Level 6 or Above, Subject Studied: _____

Employment Status Before Applying:

☐ Employed ☐ Unemployed ☐ Self-employed ☐ Other: _____

Current Employer Name: _____

Employer Postcode: _____

Applied Through Employer?: ☐ Yes ☐ No

Hours Worked Per Week Before Applying: _____

Estimated Current Salary (GBP): _____

Salary Basis: ☐ Hourly ☐ Weekly ☐ Monthly ☐ Yearly

Planning to Work While on the Course?: ☐ Yes ☐ No

Employment History

Main Job Title Prior to Applying: _____

Industry of Main Job: _____

Additional Details

Currently Claiming Universal Credit?: ☐ Yes ☐ No

Caring Responsibilities (Children or Adults)?: ☐ Yes ☐ No

Consent and Acknowledgements

I confirm I have received all necessary supporting materials, including:

- Privacy Notice
- Complaints Procedure

☐ I consent to being contacted for qualitative interviews or surveys.

☐ I opt out of being contacted.

Course Details

Where Did You Hear About This Course?: _____

Planned Start Date: _____

Participation Confirmation:

☐ Yes, I will participate.

☐ No, I will not participate.

Reason for Not Participating: _____

Declaration

I confirm that the information provided is accurate and that I agree to the terms and conditions of the course.

Signature: _____

Date: _____