


PERSONAL INFORMATION

Candidate Name											
Title: (Mr, Mrs, Ms, Miss, Other)		Gender: (male/female)									
Current Address											
	Postcode: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
Home Telephone No.											
Mobile Telephone No.											
Email											
Date Of Birth		Age (at start of course)									

Nationality			
Country of permanent residence?			
Do you require a visa to study in the UK?		Yes	No
If you have not lived in the UK/EU for the last 3 years, please state date of entry:	D	D	M M Y Y Y Y
With EU Passport	Tick	Refugee Status	Tick
Exceptional Leave to Remain	Tick	Asylum Seeker	Tick
Right of Abode/Indefinite Leave to Remain	Tick	Student/Visitors/Working Visa	Tick
Humanitarian Protection/Discretionary Leave	Tick	Other (please specify below)	Tick

We need to know the following for monitoring our Equal Opportunities policy. Please tick which box you think applies to you:			
Asian/Asian-British – Bangladeshi	Tick	Mixed – White and Asian	Tick
Asian/Asian-British – Indian	Tick	Mixed – White and Black African	Tick
Asian/Asian-British – Pakistani	Tick	Mixed – White and Black Caribbean	Tick
Asian/Asian-British – Other	Tick	White – British	Tick
Black/Black British – African	Tick	White – Irish	Tick
Black/Black British – Other	Tick	White – Other	Tick
Chinese	Tick	Other (please specify below)	Tick

FEE ASSESSMENT

Are you in paid employment?	Yes	No
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If yes, please tick the relevant boxes:

Employed and released for vocational qualification	Tick	Attending dedicated employer provision	Tick
Employed, but not released for vocational qualification.	Tick	No – this course is not related to my current job	Tick
Self-employed	Tick	Other (please specify below)	Tick

If no, please tick the relevant boxes:

Not in employment, education or training	Tick	Unemployed	Tick
Full time education or training	Tick	Economically inactive	Tick
Still at school	Tick	Other (please specify below)	Tick

Please tick the length of Unemployment:

Less than 6 months	Tick	24-35 months	Tick
6-11 months	Tick	36 months or more	Tick
12-23 months	Tick	Not known/not provided	Tick

Are you in receipt of benefits?	Yes	No
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If yes, please tick the relevant boxes:

Social Services Support	Tick	Working Tax Credit	Tick
Housing Benefit	Tick	Guarantee Pension	Tick
Jobseekers Allowance		State Benefits	
Income Support	Tick	Other (please specify below)	Tick

ADDITIONAL LEARNING SUPPORT			
Do you have a disability, learning difficulty or medical condition?		Yes	No
If yes, please tick the boxes which are applicable to you:			
Dyslexia	Tick	Medical Condition	Tick
Dyspraxia/Dyscalculia	Tick	Sickle Cell Anaemia	Tick
Hearing Impairment	Tick	Aspergers syndrome	Tick
Visual Impairment	Tick	Autistic Spectrum difficulties	Tick
Mobility difficulties	Tick	Moderate Learning Difficulties	Tick
Mental Health difficulties	Tick	Severe Learning Difficulties	Tick
Other (please specify)			

PREVIOUS EDUCATION AND QUALIFICATION

Please list schools/colleges/training centres you have attended since aged 11.

Dates	Name of Institution

Please list any qualifications achieved, starting with the most recent. (NOTE: Some courses required proof of qualifications.)

Year	Qualification and subject	Awarding Body	Result/Grade

DECLARATION

- The information I have given above is correct and I will inform PSA-International of any changes in my personal circumstances.
- I have received adequate and appropriate guidance to assist me in selecting the course shown below.
- I give permission for my personal details to be used for the purpose of this course, enrolment and assessment.
- I accept that PSA-International, reserves the right to close a class.
- I confirm that the information I have given above is accurate, and that any fraudulent claim to funding will result in expulsion from the course, with the possibility of further action from the Funding Agent.

Student Signature		Date	
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COURSE DETAILS

Course 1									
Course Code		Hours/Week		Weeks/Year					
Course Title									
Course Start Date		D	D	M	M	Y	Y	Y	Y
Course End Date		D	D	M	M	Y	Y	Y	Y

Course 2									
Course Code		Hours/Week		Weeks/Year					
Course Title									
Course Start Date		D	D	M	M	Y	Y	Y	Y
Course End Date		D	D	M	M	Y	Y	Y	Y

CONFIRMATION OF FEE ASSESSMENT: To be completed by PSA-Academy Staff ONLY

- I confirm that I have assess this candidate and found them to be eligible to have the above course funded.
- I have copied the evidence for organisation records.

Name									
Signature						Date			

NOTE: Please attach proof of eligibility to this form.