



Qualification Title			
Interviewer Name(s)			
Date			

PERSONAL INFORMATION

Candidate Name			
Telephone Numbers	1)	2)	
Email			
Date Of Birth		Age (at start of course)	

GENERAL QUESTIONS

Why have you chosen this course?	
Can you tell us of any relevant work or educational experience you have?	
What do you hope to gain from this course?	

COURSE SPECIFIC QUESTIONS (These additional question should be written by the Trainer, relevant to the course the applied for)

Cont. (page 1 of 2)

HEALTH AND SOCIAL QUESTIONS

Do you have 'caring' responsibilities? e.g. Children, siblings, elderly relatives? (Please give full details)	
How long will your journey to work/college take?	
How well do you feel you will be able to work independently? e.g. Do you have computer access, a quiet place to study, etc.	

To fully support your training need, we may be required to share your answers to the following question with other appropriate staff within our organisation, if we think it will improve your chances of succeeding on the course.

Do you have any medical conditions that may affect your training? (Please give full details)	
Previously (at school, college or work) did you ever receive any type of support that helped you achieve and progress? e.g. disability support (physical or mental health), dyslexia support, Connexions Personal Advisor, etc.	

I consent to the above information being shared with the appropriate staff within the organisation.

Signature		Date	
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Accept		Refer	
Reason(s) for referral			
Signature		Date	