

# Application Form for a Francesco Group Apprenticeship

## The application process:

- Please complete this form and return it for the attention of Carolyn Fryer or Cheryl Jones to the address below (even if you are still at school).
- When we receive your form we will contact you within 5 working days to let you know the progress of your application.

## The course you are applying for:

- Intermediate / Advanced Apprenticeships in Hairdressing leading to NVQ Level 2 and 3 together with the appropriate Functional Skills.
- You will be work-based in a reputable hairdressing salon with monthly visits to the Francesco Group Academy.

## User service standards:

- You have the right to expect the following service standards to be met:
  - Application forms will be acknowledged within five working days.

## Francesco Group

Francesco Group House  
1 The Green  
Stafford  
ST17 4BH

t: 01785 218596

e: [carolyn@francescogroup.co.uk](mailto:carolyn@francescogroup.co.uk)

e: [cheryl@francescogroup.co.uk](mailto:cheryl@francescogroup.co.uk)



## Section A - Personal Details

Surname:

Forenames:

Address:

Postcode:

Day Tel:

Evening Tel:

E-mail Address:

Date of Birth:

Nationality:

National Insurance Number:

Have you been a permanent resident for the last 3 years in the UK and/or member State of the European Community?

Yes

No

If 'NO' please give details:

Name of Parent / Guardian (if under 18 years old)

Address of Parent / Guardian (if different from your own)

Tel No:

Postcode:

## Section B - College Course / Programme

Why would you like to be a hairdresser?

What are your future career plans?

How did you find out about Francesco Group Training?

Please give us an idea of your hobbies / interests.

## Section C - Education

Secondary School (s) and College (s) attended (including current School / College)

From:

To:

## Section G - Ethnic Group

This information is required by the Government to monitor the distribution of ethnic groups amongst the student population:

<input type="checkbox"/> Asian or Asian British Bangladeshi	<input type="checkbox"/> Black or Black British African	<input type="checkbox"/> Mixed or White Asian	<input type="checkbox"/> White Irish
<input type="checkbox"/> Asian or Asian British Indian	<input type="checkbox"/> Black or Black British Caribbean	<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Other White Background
<input type="checkbox"/> Asian or Asian British Pakistani	<input type="checkbox"/> Black or Black British or other Black Background	<input type="checkbox"/> Other Mixed background	<input type="checkbox"/> Any other
<input type="checkbox"/> Asian or Asian British or any other Asian background	<input type="checkbox"/> Chinese	<input type="checkbox"/> White British	<input type="checkbox"/> Refuse to say

## Salon Preference

Please write your preferred choice of **Francesco Group salons** in the boxes below. (if known)

Choice 1  Choice 2  Choice 3

Alternatively, please write your preferred choice of **Non-Francesco Group salons** in the boxes below. (if known)

Choice 1  Choice 2  Choice 3

## Student Declaration

- I confirm that the information on this form is accurate and complete.
- I understand that the information on this form will be passed onto the Skills Funding Agency which is registered under the Data Protection Act 1998. The registration is primarily for the collection / analysis of statistical data but it also allows the Agency to share information with other organisations for the purpose of determining fraud. Further information about data confidentiality is available on request from the Francesco Group Academy.
- I agree to Francesco Group processing personal data contained on this form, or any other data which Francesco Group may obtain from me or other people whilst I am a student. I agree to the processing of such data for any purpose connected with my studying or my health and safety whilst on the premises or for any other legitimate reason.

Student Signature  Date

Academy Signature  Date

## Eligibility Check Carried Out *(for Office Use Only)*

Name

Signature  Date

Francesco Group values Equality and Diversity and strive to ensure the Safety and welfare of our Students.

## Section D - Examinations

### Qualifications already obtained:

Exam: (eg, GCSE/A/AS/GNVQ)

Subject: (eg, Maths)

Date Taken: (month and year)

Result / Grade:





### Exams to be taken before starting at Francesco Group:

Exam: (eg, GCSE/A/AS/GNVQ)

Subject: (eg, Maths)

Forecast Grade:




## Section E - Learning Support

Do you consider that you have a learning difficulty or disability?

Yes

No

If you have or think you have a learning difficulty, health condition or disability Francesco Group can provide support to help you with your programme. Please tick appropriate box(es) below. If you would like to discuss this further please contact either Carolyn or Cheryl at the Francesco Group House.

Writing

Specialist individual support

Visual impairment

English as a second language

Maths

Spelling

Deafness / hard of hearing

Access to rooms and buildings

Reading

Chronic illness, eg, Asthma

Other

## Section F - Most Recent Employment *(including Saturday job and work experience)*

Job Title:

Company:

From:

To:





Duties, responsibilities, achievements, comments: