**CONFIDENTIAL**

Candidates **must fully** complete all sections of this application to be considered for our 15 day course.

**SECTION A**

Surname Forename (s)

Title (Mr / Mrs / Ms / Miss) Preferred name Date of Birth

Address Postcode

Home Telephone Mobile telephone

E-mail Address National Insurance No:

How did you hear about the academy?

|  |  |  |
| --- | --- | --- |
| School, College, etc.(with dates) | Academic qualifications(give subjects) | Grades |
|  |  |  |

Are you currently in education? Yes / No (delete as applicable)

If yes, name of College

Name of Course Completion date

|  |
| --- |
| Other qualifications e.g. Degree, City & Guilds and/or Post Graduate |
| Date | Course title & college | Qualifications |
|  |  |  |

Are you a member of a professional organisation? Yes / No (delete as applicable)

If so, which?

Membership level?

**EMPLOYMENT**

If you are currently employed, please provide details of your current job role and working hours:-

Notice required Position title

Duties and Hours

**Previous Employment** (Please give details of your most recent employment first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & AddressOf Employer | Position | Reason for Leaving | Leaving Salary | From(Date) | To(Date) |
|  |  |  |  |  |  |

|  |
| --- |
| **For candidates on benefits travelling to the course****Please confirm which benefits you are claiming? Please tick**Jobseekers Allowance JSA Child Tax Credit/Child Benefit CTC/CB Council Tax Benefit CTB Disability Living Allowance DLAHousing Benefit HB Carers Allowance CAWorking Tax Credit WTC Guaranteed Pensions Credit GPCUniversal Credit UC Employment Support Allowance ESAIf you are unemployed or are receiving any other government benefits please advise if you will require assistance with transportation costs to College?Yes / No Do you hold a valid driving license? Yes / No Do you own a car? Yes / No Please provide the name of the nearest Train/Tube station you will be travelling from? You need to be able to get to Old Street Tube Station or bus 243, 205, 43, 76, 55, 214 for the induction on the first day of the course based in Chartered Institute of Highways and Transportation, 119 Britannia Walk, London N1 7JE. The remainder of the course is held at a training campus near good transportation links for students to get to in London. Full map and instructions are provided at induction day. Support with travel costs via Oyster card within London zones are provided at induction day for students requiring assistance.  |
| Please provide the reason for wanting to attend course and the type of work you are interested in?Our courses last for 15 days please confirm you can attend for all of the course. (Latest course dates are advertised on our website)Yes / NoIf you have any prior commitments during the course, please let us know which date you would not be available and the reason whyDate: ……………………………….. Reason: …………………………………………… |

 **DECLARATIONS**

 Are you related to any employee or director sponsoring this course? Yes / No

 Do you have any convictions which are not spent or are exempt from the Rehabilitation of Offenders Act

 (1974)? Yes/No

 If yes, please give details

* I confirm I am eligible to work in the UK Yes

Please note you will need to provide evidence of eligibility to work in the UK to the College either by passport or birth certificate and NI number.

* Please confirm you are aware there will be a compulsory drugs and alcohol test on the first day of the course and a non-pass will result in non-enrolment of the course.

Yes/No

* Please attach a copy of your latest CV
* I certify that, to the best of my knowledge, the information given in this form is correct and can be treated as part of any subsequent contract of employment, and that falsification may lead to my dismissal by the Employers advertising through the Academy if I am appointed to any of the vacancies following the successful completion of the two week induction course.
* Data Protection: We collect and hold personal information on potential candidates to ascertain eligibility criteria and monitor diversity of applications for statistical purposes. Personal data including national insurance number and date of birth is required to apply for funding with outside funding bodies and apply for certificates. ID is required at induction to establish eligibility to work in the UK. This information is stored electronically for at least two years to monitor outcomes from applicants. Outcomes of applications are shared with the organisation who recommended the candidate to us so continued support can be provided to the candidate in searching for employment.

Signed Date

**MONITORING INFORMATION**

London Construction Academy is committed to the elimination of discrimination, harassment, victimisation and other conduct prohibited under the Equality Act 2010 and the advance of equality of opportunity. Our goal is that everyone who applies to or works with us receives fair treatment and we positively encourage applications from suitably qualified and eligible candidates regardless of age, disability, race, sex, gender reassignment, sexual orientation, religion or belief, marriage and civil partnership and caring status. Effective monitoring is an important means of measuring our performance and progress towards our equality and diversity goals and will help us to identify trends over periods of time, to identify and investigate the reasons for differences and put suitable actions in place. To help us achieve this aim we ask you to complete this monitoring form. The request for this information and how it is used is within the scope of the Data Protection Act 1998 which allows for the collation and reporting of sensitive data for monitoring purposes. Any categories listed below have been defined as a group in the 2011 census.

**A. Your age**

|  |  |
| --- | --- |
| 16 – 17 | [ ]  |
| 18 – 21 | [ ]  |
| 22 – 30 | [ ]  |
| 31 – 40 | [ ]  |
| 41 - 50 | [ ]  |
| 51 - 60 | [ ]  |
| 61 - 65 | [ ]  |
| 66 - 70 | [ ]  |
| 71 + | [ ]  |
| Do not wish to declare | [ ]  |

**B. Do you consider yourself to have a disability?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**C. What is your gender?**

|  |  |
| --- | --- |
| Male | [ ]  |
| Female | [ ]  |
| Do not wish to declare | [ ]  |

**D. Is your present gender the same as the one assigned to you at birth?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**E. Do you perform the role of a Carer?**

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
| Do not wish to declare | [ ]  |

**F. What is your legal marital or same-sex civil partnership status?**

|  |  |
| --- | --- |
| Single | [ ]  |
| Married | [ ]  |
| Living Together | [ ]  |
| In a registered civil partnership | [ ]  |
|  |  |
| Separated – still legally married | [ ]  |
| Separated – still legally in civil partnership | [ ]  |
| Surviving partner from civil partnership | [ ]  |
|  |  |
|  |  |
| Divorced | [ ]  |
| Widowed  | [ ]  |
| Civil partnership – now legally dissolved | [ ]  |
| Do not wish to declare  | [ ]  |

**G. Your sexual orientation.**

Which of the following options best describes how you think of yourself?

|  |  |
| --- | --- |
| Heterosexual/Straight | [ ]  |
| Bisexual | [ ]  |
| Gay/Lesbian | [ ]  |
| Other (specify below if you wish) | [ ]  |
|  |  |
|  |  |
| Do not wish to declare | [ ]  |

**H. Your religion or belief - Which group below do you most identify with?**

|  |  |
| --- | --- |
| Buddhist | [ ]  |
| Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | [ ]  |
| Hindu | [ ]  |
| Jewish | [ ]  |
| Muslim | [ ]  |
| No religion | [ ]  |
| Sikh | [ ]  |
| Any other religion or belief (specify if you wish) | [ ]  |
|  |       |
| Do not wish to declare  | [ ]  |

**I. What is your Ethnic Group?**

**Asian/ Asian British**

|  |  |
| --- | --- |
| Bangladeshi | [ ]  |
| Chinese | [ ]  |
| Indian | [ ]  |
| Pakistani | [ ]  |
| Any other Asian background (specify below if you wish) | [ ]  |
|  |       |

**Black/ African/ Caribbean/ Black British**

|  |  |
| --- | --- |
| African | [ ]  |
| Caribbean | [ ]  |
| Any other Black/ African/ Caribbean background (specify below if you wish) | [ ]  |
|  |  |

**Mixed/ Multiple Ethnic Groups**

|  |  |
| --- | --- |
| White and Asian | [ ]  |
| White and Black African | [ ]  |
| White and Black Caribbean | [ ]  |
| Any other mixed background (specify below if you wish)  | [ ]  |
|  |  |

**Other Ethnic Group**

|  |  |
| --- | --- |
| Arab | [ ]  |
| Any other Ethnic Group (specify below if you wish) | [ ]  |

**White**

|  |  |
| --- | --- |
| British/English/Welsh/Scottish/Northern Irish | [ ]  |
| Gypsy or Irish Traveller | [ ]  |
| Irish | [ ]  |
| Any other mixed background (specify below if you wish)  | [ ]  |

|  |  |
| --- | --- |
| Do not Wish to Declare | [ ]  |

**Name ………………………………………………………………**

**Date ………………………………………………………………..**

**Thank you for completing our forms. Please return forms by e-mail to** **info@thelca.org.uk**