



## Classroom in the Heart of Industry Programme

Learner Application Form for course starting September 2020.

### 1. Personal Details

Full Name ..... ( Male / Female)

Date of Birth     /     /     (DD/MM/YY)

Age on 1<sup>st</sup> September 2020.....

Address

.....

Tel No.....

.....

Mobile .....

.....

Email.....

Postcode .....

### 2. Learning and Additional needs

Do you have a statement of Special Educational Needs?     YES / NO

Please indicate your learning needs:

Moderate learning difficulty (MLD)

Severe learning difficulty (SLD)

Emotional, Social, Behavioural difficulties    

Autism Spectrum Disorder (ASD)    

Specific learning difficulties:     Dyslexia    

Dyscalculia    

Physical / mobility difficulties    

Hearing Impairment    

Mental Health difficulties    

Visual Impairment    

Other (please provide further details)    

Do you have any medical conditions / allergies?( eg epilepsy, asthma, diabetes)

### 3. Independent Travel

Are you able to travel independently using public transport? Y / N

Please add any additional information below:

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.....

### 4. Current educational details and qualifications

Please provide the details for your current school / education provider:

<u>Qualifications</u> Subject Area	Entry Level 1, 2 or 3 or Level 1 / Level 2 / GCSE	Date Taken (or due to be taken)

Other awards / qualifications ( please detail)

### 5. Details of previous Work Experience *(continue on separate sheet of paper if necessary)*

Date started	Duration	Workplace	Main tasks undertaken
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### 6. Career Ambitions

### 7. Hobbies and Interests

**References:** Please provide the names & contact details of two people who are over 18 and who can provide you with a reference. One of these should be your present education provider.

Name .....

Position .....

Length of time known to you .....

Address.....

.....

.....

Tel No.....

Name .....

Position .....

Length of time known to you .....

Address.....

.....

.....

Tel No.....

I confirm that I am applying for a place on the Classroom in the Heart of Industry programme, and if I am successful will be taken on roll at Linwood School. I confirm that the information that I have provided is accurate and I understand that the information that I have provided will be retained by Linwood School for reference and will not be made available to any third parties except those who have a direct involvement with the running of the course.

Signed ..... Date .....

(Applicant)

Signed ..... Date .....

( Parent / Carer where learner is under 18 years old)

**Please return the completed form to:**

Karen Taylor  
Director of CHI  
Linwood School  
Alma Road  
BOURNEMOUTH  
BH9 1AJ