



PROTECT (PERSONAL) WHEN COMPLETED
BTEC LEVEL 2 APPLICATION FORM (England)

Complete the form in **BLACK** ink, using CAPITAL letters. This form will be scanned and interpreted electronically.
Care taken when completing this form will significantly improve the accuracy of your stored information. **PLEASE READ THE NOTES ON PAGE 2.**
Write clearly with each number or letter entirely within the box provided. e.g.:

V	I	C	T	O	R	I	A		
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Mark choices clearly with a 'blob' e.g.:

Unit Name (CCF Contingent/SCC Unit/ACF County/ATC Sqn/DF etc):

CVQO Use Only:

Surname / Family Name:

Previous CVQO Reg No: (if known)

Previous Surname / Family Name (if any):

Gender:

Female Male

Forename(s) / Given Name(s):

Date of Birth: (e.g. 4 July 1995 = 04/07/95)

Preferred Forename / Given Name: (eg: Fred, Matt, Liz, Sam)

Age at last birthday:

Number or Name of House or Flat: (eg: 3a; Flat 4; 65; High Farm)

Postcode:

Write Full Address:

Current/Last School Attended

Name:

Town:

Date Left: (if applicable)

Email Address:

Home Phone Number:

Mobile Phone Number:

Are you in full time education or training? Yes No

Are you employed 16 hours per week or more? Yes No

Where have you been normally resident for the past 3 years (disregarding any temporary stay in the UK for educational purposes, e.g. Boarding School)?

UK, Channel Islands, Isle of Man or overseas British Forces bases

Other Country (specify) _____

Are you a British Citizen or national of any other EU Country? Yes No

Ethnicity:

Please complete using the codes in the notes on page 2:

Youth Organisation:

- RN/SCC Police
- Marine Fire Service
- Army/ACF Ambulance
- RAF/ATC

Enrolment applied for:

- BTEC Level 2 in Public Services
 - BTEC Level 2 in Music
- Chosen Instrument (Music Award): _____

The YPLA, the Chief Executive of Skills Funding and their partners may wish to contact you from time to time in respect of surveys and research to monitor performance, improve quality and plan future provision and to inform you about courses, or learning opportunities relevant to you.

- Mark this box if you do not wish to be contacted in respect of surveys and research by mail or phone.
- Mark this box if you do not wish to be contacted about courses or learning opportunities by post.

I do NOT wish to be contacted by: Mail Telephone Email

Learning Difficulties and/or Disabilities:

Do you consider that you have a learning difficulty, disability or health problem? Yes No

If "Yes" complete the entries below using the codes in the notes on page 2

Disability:

Learning Difficulty:

Qualifications

(mark most advanced level passed and most advanced level predicted only)

Held

Predicted

- 1 - 4 GCSEs grades A*-C
- OR any GCSEs grades D-G
- OR 1-4 Scottish Standards grades 1-3
- OR any Scottish Standards grades 4-6
- OR 1 AS Level
- OR 1 Scottish Higher

- 5 or more GCSEs grades A*-C
- OR 2-3 AS Levels
- OR 2-3 Scottish Highers
- OR 1 Advanced Level
- OR 1 Scottish Advanced Higher

- 4 or more AS Levels
- OR 4 or more Scottish Highers
- OR 2 or more Advanced Levels
- OR 2 or more Scottish Advanced Highers

- None of the listed qualifications held (may be studying towards any of them)

CVQO Use Only:

Res: Instrument:

THIS FORM MUST BE SIGNED ON PAGE 2 BY THE APPLICANT AND COUNTERSIGNED BY THE VQ OFFICER



**NOTE: THIS FORM IS ONLY FOR COMPLETION BY LEARNERS ATTENDING UNITS
IN ENGLAND, THE CHANNEL ISLANDS, THE ISLE OF MAN AND BRITISH FORCES BASES OVERSEAS**

Privacy Statement: CVQO collects information about learners for various administrative, academic and health & safety reasons. The Data Protection Act of 1998 requires us to obtain your consent before we can do this, and since we cannot operate without processing information about you, we are unable to register you for any qualification unless you give us your consent to process your data. Therefore, by signing this Application Form you consent to CVQO processing personal data contained in this form and any other data which we obtain from you or any other source whilst you are registered with CVQO.

The information you provide will be passed to the Unit to which you belong. You also consent to the processing of such data for any purpose connected with your course or for any other legitimate and legal reason. SPECIFICALLY, you consent to CVQO processing information about your race or ethnic origin as part of our Equal Opportunities Monitoring and about your physical or mental health or any medical condition you may have as part of our responsibilities for the provision of additional support and for managing our duties and obligations under the Disability Discrimination Act.

The personal information you provide is passed to the Chief Executive of Skills Funding ("the Agency") and, when needed, the Young People's Learning Agency for England ("the YPLA") to meet legal duties under the Apprenticeships, Skills, Children and Learning Act 2009, and for the Agency's Learning Records Service (LRS) to create and maintain a unique learner number (ULN). The information you provide may be shared with other partner organisations for purposes relating to education or training.

Further information about use of and access to your personal data, and details of partner organisations are available at:

<http://skillsfundingagency.bis.gov.uk/privacy.htm>

<http://www.ypla.gov.uk/privacy.htm>

<http://www.learningrecordsservice.org.uk/privacy-copyright.htm>

THE APPLICANT AND VQ OFFICER MUST BOTH SIGN BELOW BEFORE THIS FORM IS SUBMITTED TO CVQO

The requirements for the qualification enrolment(s) applied for have been explained to me, I have read the Privacy Statement above and I accept the conditions and responsibilities associated with working towards those qualification(s).

VQ Officer's Signature:

Name:

Applicant's Signature:

NOTES FOR COMPLETION

Ethnicity: Use the codes below to complete the "Ethnicity" entry on Page 1.

White:

31

English / Welsh / Scottish / Northern Irish / British

32

Irish

33

Gypsy or Irish Traveller

34

Any other White background

Mixed / multiple ethnic Group:

35

White and Black Caribbean

36

White and Black African

37

White and Asian

38

Any other Mixed / multiple ethnic background

Asian / Asian British:

39

Indian

40

Pakistani

41

Bangladeshi

42

Chinese

43

Any other Asian background

Black / African / Caribbean / Black British

44

African

45

Caribbean

46

Any other Black / African / Caribbean background

Other ethnic group

47

Arab

98

Any other ethnic group

99

If you do not wish to give information about your ethnicity enter code

Disability: Use the codes below to complete the "Disability" entry on Page 1.

01

Visual Impairment

05

Other medical condition (e.g. epilepsy, asthma)

09

Profound complex disabilities

02

Hearing Impairment

06

Emotional/behavioural difficulties

10

Aspergers syndrome

03

Disability affecting mobility

07

Mental health difficulty

90

Multiple disabilities

04

Other physical disability

08

Temporary disability after accident or illness (e.g. post-viral)

97

Other

If you do not think that you have a Disability use code 98 Otherwise the code should be used which identifies your main Disability.

Learning Difficulty: Use the codes below to complete the "Learning Difficulty" entry on Page 1.

01

Moderate learning difficulty

11

Dyscalculia

90

Multiple learning difficulties

02

Severe learning difficulty

19

Other specific learning difficulty

97

Other

10

Dyslexia

20

Autism spectrum disorder

If you do not think that you have a Learning Difficulty use code 98 Otherwise the code should be used which identifies your main Learning Difficulty

