


Department	BPIF Training	
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Apprenticeship Application and Initial Assessment Form

BPIF are delighted that you have expressed an interest in completing an apprenticeship to further develop your career.

Before we can start with your learning journey, BPIF are committed to ensuring that we take the opportunity to thoroughly assess your individual needs so that we can ensure you are on the most appropriate course and that your dedicated training coordinator is able to tailor your learning to meet any specific needs that you may have.

Once complete, your training coordinator will make an appointment with you to take you through this application and initial assessment document to ensure that there is no delay in starting your learning journey.

For a prompt start to your apprenticeship, please ensure that you have the following documents for when you meet your training coordinator

- Proof of eligibility for funding and identify (*we accept a birth certificate, passport or resident visa*)
- Your CV
- Your Job Description
- Your contract of employment
- Any evidence of prior qualifications, particularly in relation to English and maths.

Please complete all sections either electronically or in BLOCK CAPITALS and BLACK INK

NAME:	
APPRENTICESHIP APPLIED FOR:	
APPRENTICESHIP LEVEL:	
DATE:	

If you have any questions relating to completing this form please speak to a member of our training team by calling 01676 526030

SECTION 1 – PERSONAL DETAILS

Title												
Surname												
First Name(s)												
Date of Birth				Age Group			16-18		19-24		25+	
Gender	Male				Female				Prefer not to say			
Current Address												
Postcode												
Telephone Number												
Email Address												
National Insurance Number												

SECTION 2 – EMERGENCY CONTACT DETAILS

Parent/Guardian name (If 16-17 years old)											
Emergency Contact Name											
Relationship											
Emergency Contact Number											
Emergency Contact email address											

SECTION 3 – HOUSEHOLD STATUS

This is required by the Education and Skills Funding Agency who may part fund your Apprenticeship Programme.
Please tick any of the following statements that describe your household status (or leave blank if they don't apply)

No household member is in employment and the household includes one or more dependent children (aged 0-17 or a student aged 18-24)	
No household member is in employment and the household does not include any dependent children or students	
I live in a single household with dependent children	
None of the above applies to me	

SECTION 4 – EMPLOYMENT DETAILS

(if you are already employed)

Are you currently employed?	Yes	No	Contract Type	Permanent	Temporary	Self Employed
Employment Status	Full Time			Part Time		
How long have you been in this employment?				How many hours a week do you work		
Employer Business Name				Employer Phone Number		
Employer Business Address						
Employer Main Contact Name						



SECTION 5 – PRIOR QUALIFICATION DETAILS

7.1 Prior Qualification Details – indicate the level of prior qualifications.

<input type="checkbox"/> Entry Level (09)	<input type="checkbox"/> QCF Level 4 or a Degree (10)
<input type="checkbox"/> Other Qualifications below Level 1 (07)	<input type="checkbox"/> QCF Level 5 or Post Graduate (11)
<input type="checkbox"/> QCF Level 1 or fewer than 5 GCSE grades A-C (01)	<input type="checkbox"/> Other Qualification, Level Not Known (97)
<input type="checkbox"/> QCF Level 2 – 5 or GCSE grades A-C (02)	<input type="checkbox"/> Not Known (98)
<input type="checkbox"/> QCF Level 3 - 2 or more A Levels equivalent (03)	<input type="checkbox"/> No Qualifications (99)

Please indicate details of your highest-level qualification, and also any qualifications relevant to the apprenticeship you will be beginning (this will be confirmed by your personal learning record)

Qualification Type	Qualification Subject	Year Achieved

Please indicate if you have any of the following maths, English or ICT qualifications

Maths	<input type="checkbox"/> GCSE A*-C / Grade 4 or better	<input type="checkbox"/> Functional Skills Level 2	<input type="checkbox"/> Key Skills Level 2
English	<input type="checkbox"/> GCSE A*-C / Grade 4 or better	<input type="checkbox"/> Functional Skills Level 2	<input type="checkbox"/> Key Skills Level 2
ICT	<input type="checkbox"/> GCSE A*-C / Grade 4 or better	<input type="checkbox"/> Functional Skills Level 2	<input type="checkbox"/> Key Skills Level 2

Please indicate if the following apply to you

Please indicate if the following apply to you	Tick
I have no previous work experience or have work experience but for less than a month	
I have more than one month's experience but not in the sector I am going to train in	
I have more than one month's experience and it is in the sector I am going to train in	
I have been previously on either an apprenticeship or a traineeship	

Please provide further comment on the above:

Please indicate if you have any professional qualifications or have received in house training (for example health and safety, first aid)

SECTION 6 - ADDITIONAL LEARNING NEEDS

The learner support initial assessment is designed to identify if there are any specific barriers related to ensure that you have the best support and access to learning.

Do you recall having any difficulties in the following areas?

Learning to read	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislike of reading out loud	<input type="checkbox"/> Yes <input type="checkbox"/> No
Learning to spell	<input type="checkbox"/> Yes <input type="checkbox"/> No	Learning to write	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doing mental arithmetic	<input type="checkbox"/> Yes <input type="checkbox"/> No	Revising for your exams	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you get confused over dates and times and sometimes miss appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have difficulty remembering information such as frequently used telephone/personal ID numbers etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you use a diary to assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you confuse your left and right?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your writing difficult to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you find it difficult to pronounce new or long words?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate if any of the following apply

Behaviour/Personal/Social		Learning Difficulties		Autism	
Attention Deficit Hyperactivity Disorder (ADHD)		Moderate/general learning difficulties		Autism Spectrum Disorder	
Attention Deficit Disorder (ADH)		Dyslexia		Autism Spectrum Condition	
Behavioural difficulties		Dyspraxia		Asperger's	
Social Difficulties		Dyscalculia			
Other		Other		Other	
Mental Health			Physical/Health/Medical Conditions		
Depression		Deaf or hearing impaired		Diabetes	
Anxiety		Blind or visually impaired		Heart condition	
Stress		Acquired brain injury		Fainting/blackouts	
Personality Disorder		Transgender/process of gender reassignment		Surgery in the last/next 12 months	
Schizophrenia		Personal/intimate care needs		Allergy	
Psychosis		Epilepsy/absence/seizure		Phobia	
Other		Other			

Based on the above information, please provide a clear description of additional support required to help us allocate the most appropriate training coordinator to you.

SECTION 7 - PERSONAL AND SOCIAL AND EMPLOYABILITY DEVELOPMENT ASSESSMENT

This screener identifies areas where we can offer you assistance and although you may not need assistance it is useful for us to know so we can shape your learning journey more effectively.

Do any of the following apply to you? Please tick where relevant

I have difficulties with confidence or shyness (I see myself as having low confidence or I consider myself to be very shy)		I have low self-esteem (I think unfavourably of myself and my abilities)	
I have difficulty motivating myself (for example I struggle to get out of bed on time)		I have a low attention span and have difficulty focussing on tasks for long periods of time (I get bored easily)	
I have significant worries about my health and wellbeing		I have difficulties managing my anger and frustration	
I regularly doubt myself or actions		I have regular significant mood swings	
I often feel anxious (for example in everyday situations)		I sometimes feel anxious but only in a few situations	
I have difficulty communicating with people my age		I have difficulties communicating in a group	
I have difficulty communicating with people in positions of authority		I have difficulties communicating with people older than I am	
I feel panic or stress in new situations		I feel panic or stress in most situations	
I do not like taking instructions		I react badly to criticism	
I often feel 'low' or depressed		When I feel 'low' or depressed it is for significant periods of time	
I have other attitude or behavioural difficulties not indicated above		I can get angry when taking instructions	
I have had issues in the past with the police or other crime difficulties (for example any offending behaviour or have been a victim of crime)		I have had issues in the past or present with drugs or alcohol and this has affected my ability to be employed or learn	
I have significant difficulties managing my money or have regular money worries		I currently rely on benefits or money from a parent/guardian	
Where I live or work gang violence is prevalent		Where I live or work there are reoccurring incidents of crime	

Where you have ticked, please provide additional information so that your trainer is prepared for your induction.

SECTION 8 – INITIAL ADVICE AND GUIDANCE

This is a chance for us to establish any further requirements and where BPIF may not be able to provide support in these areas we can sign post you to agencies who can. This is also an opportunity for you to ask any questions you have about your apprenticeship

What do you, and your employer, expect that you will be able to carry out once the apprenticeship is complete? What will be the difference in your role as a result of the apprenticeship?

Are you aware of how your programme will support your personal, social and employability skills?

What are your career aspirations? Where do you see yourself in 3 years?

Are there any skills or qualifications outside of this apprenticeship that will help you to achieve your career goals? How can BPIF help?

Are there any barriers that will hinder your progress towards successful completion of your apprenticeship?

Does the work that you do (including shift patterns, lone working) put your safety as a learner at any risk?

SECTION 9: ELIGIBILITY & DECLARATIONS

Eligibility - Please tick each of the following statements to confirm whether you are eligible for government funding to subsidise your learning:

<input type="checkbox"/>	I am currently not attending school, FE College or University as a student
<input type="checkbox"/>	I am normally resident in the UK and islands or any EU Country and have been for the past 3 years and I can provide evidence of this
<input type="checkbox"/>	I confirm that I will spend at least 50% of my working hours in England and will do over the duration of the Apprenticeship programme in England.
<input type="checkbox"/>	I confirm that the above statements are accurate and true and I declare that I have correctly identified my prior qualifications. I understand that if I have declared false information my learning provider may take action to reclaim tuition fees and any support costs provided
Are you working towards another qualification? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'yes', please state: _____	
Does the learner have a contract of employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you paid at least minimum apprentice wage allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Residency (This must be met before you start the programme)

What is your nationality? (Not ethnicity) _____ For UK and EU nationals, please answer questions A and B.
For Non UK or EU nationals, please answer C, D, and E.

For UK and EU nationals

A. Have you been resident in the UK or an EU country for the last 3 years?

Yes No

B. Please provide the following to confirm eligibility:

Passport Number/EU ID _____

If you are a UK citizen but do not have a passport, please provide a copy of:

Birth Certificate (number) _____

For Non UK or Non EU nationals

C. Have you been resident in the UK for the last 3 years?

Yes, Resident status: _____

No

D. Date resident in the UK (Approx.):

D	D	M	M	Y	Y
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E. Please provide the following to confirm eligibility:

Valid Visa _____ (Attach copy)

If date of issue on visa is less than 3 years prior to enrolment date, one of the following should also be provided (attach copy):

Home Office Letter

Immigration and Nationality Department Letter

Visa

To be signed after meeting with Training Co-ordinator

I confirm that all of the information detailed in this application is accurate

Learner Signature _____

Date _____

FOR OFFICE USE ONLY

I confirm that I have checked this candidate's passport / identification evidence and the above information is correct.

Provider Signature _____

Date _____

Thank you for taking the time to complete this application. A member of our team will be in contact with you very shortly to make an appointment to begin your training

Please make sure that ahead of this meeting, you have available all the documents listed on the cover of this application



Please continue to read on so we can take a few more bits of info

EQUAL OPPORTUNITIES

BPIF is committed to promoting fairness and eliminating discrimination. We will ensure that no apprentice receives less favourable treatment either directly or indirectly, on the grounds of age, race, disability, gender, marital status, religion, faith of sexual orientation. To monitor and audit effective delivery on this commitment, BPIF asks all applicants to provide information asked for in this form. Data captured will only be used to enable us to develop appropriate policies and procedures.

Do you consider yourself:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age:		Nationality	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Civil	<input type="checkbox"/> Other	

Please tick which of the following best describes your ethnicity:

<input type="checkbox"/> White British (31)	<input type="checkbox"/> Pakistani (40)
<input type="checkbox"/> White Irish (32)	<input type="checkbox"/> Bangladeshi (41)
<input type="checkbox"/> White Gypsy or Irish Traveller (33)	<input type="checkbox"/> Chinese (42)
<input type="checkbox"/> Any other white background (34)	<input type="checkbox"/> Any other Asian Background (43)
<input type="checkbox"/> White and black Caribbean (35)	<input type="checkbox"/> African (44)
<input type="checkbox"/> White and black African (36)	<input type="checkbox"/> Caribbean (45)
<input type="checkbox"/> White and Asian (37)	<input type="checkbox"/> Any other Black / African / Caribbean Background (46)
<input type="checkbox"/> Any other mixed / multiple ethnic background (38)	<input type="checkbox"/> Arab (47)
<input type="checkbox"/> Indian (39)	<input type="checkbox"/> Any other ethnic group (98)

Do you consider yourself to have a disability, health problem or learning difficulty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Prefer not to say
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If you answered 'Yes' and you have a disability or health problem, please tick

<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Profound complex disabilities
<input type="checkbox"/> Hearing impairment	<input type="checkbox"/> Asperger's syndrome
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Multiple disabilities
<input type="checkbox"/> Other physical disability	<input type="checkbox"/> Temporary disability after illness (e.g. post-viral) or accident
<input type="checkbox"/> Other medical condition (e.g. epilepsy, asthma, diabetes)	<input type="checkbox"/> Not known / Information not provided
<input type="checkbox"/> Emotional / Behavioural difficulties	<input type="checkbox"/> Other
<input type="checkbox"/> Mental health difficulty	

If you answered 'Yes' and you have a learning difficulty, please tick

<input type="checkbox"/> Moderate learning difficulty	<input type="checkbox"/> Autism spectrum disorder
<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Multiple learning difficulties
<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other
<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Not known / Information not provided
<input type="checkbox"/> Other specific learning difficulty _____	

How would you describe your religion or belief?

<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Muslim	<input type="checkbox"/> Jewish	<input type="checkbox"/> Other
<input type="checkbox"/> Sikh	<input type="checkbox"/> None	<input type="checkbox"/>

Which of the following best describes your sexual orientation?

<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Gay	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Bi-Sexual	<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other



Photographic Consent

In a continuous effort to promote Apprenticeships in the printing industry and good practice in training, BPIF, invite you to be involved in and / or participate in events / activities which may later be presented on the internet or in publications, including in-house promotional material. This Agreement / Permission form confirms your acceptance of these terms.

I agree that the BPIF are permitted by me to use interviews, quotes, photographs, film or reproductions thereof which may be produced at any time, in any manner or form to reasonably promote or advertise apprenticeships and BPIF. The photographs / film will not be used for any other means. The copyright on any such material shall be assigned to BPIF.

Please tick to confirm

Learner Privacy Notice

Retrieval of Unique Learner Numbers for Funded Programmes

How We Use Your Personal Information

This privacy notice is issued by the Education and Skills Funding Agency (ESFA), on behalf of the Secretary of State for the Department of Education (DfE). It is to inform learners how their personal information will be used by the DfE, the ESFA (an executive agency of the DfE) and any successor bodies to these organisations. For the purposes of the Data Protection Act 1998, the DfE is the data controller for personal data processed by the ESFA. Your personal information is used by the DfE to exercise its functions and to meet its statutory responsibilities, including under the Apprenticeships, Skills, Children and Learning Act 2009 and to create and maintain a unique learner number (ULN) and a personal learning record (PLR).

Your information may be shared with third parties for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with the Data Protection Act 1998.

The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You can opt into contact for other purposes by ticking any of the following boxes if you wish to be contacted:

- About courses or learning opportunities
- For surveys and research
- By post
- By phone
- By e-mail

Further information about use of and access to your personal data, and details of organisations with whom we regularly share data are available at: <https://www.gov.uk/government/publications/esfa-privacy-notice>

[The BPIF privacy notice is available at: www.britishprint.com/privacy](http://www.britishprint.com/privacy)

Tick to confirm that you have read and understood this Privacy Notice and authorise BPIF to retrieve my ULN:

