

Welcome to MJTS

Success Rates 10/11

Intermediate Apprenticeship = 73.4% - January 2011

Advanced Apprenticeship = 74.8% - January 2011

Michaeljohn Training

The number one Training School for your apprenticeship. We strive to achieve equality and diversity and skills for life in training programmes. We welcome learners from all backgrounds.

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We are here to turn your ambitions into reality.

MJTS, where learning is rewarding, fun and where

"IT'S ALL ABOUT YOU"

We would now like you to complete the application form

Please ask for help if you need it!

This pack is available on different coloured paper upon request



MJTS is an Equal Opportunities Training School, we welcome people from all backgrounds. Treating people fairly according to their needs. MJTS is committed to a whole organisational approach to 'Every Child Matters'

Application Form - Equality Section

Section 1: Personal Details - This section is used for monitoring purposes only and will not be used as part of the selection criteria. You may prefer not to say.

Full name: _____	Title: _____
Male / Female	Do you now present on a full or part time basis a gender assigned to you at birth? Yes / No / Prefer not to say
Address: _____ _____ _____	
_____	Postcode: _____
Home Tel No: _____	Mobile No: _____
Date of Birth: ____/____/____	Age in years: _____
Sexuality (Please tick)	Gay <input type="checkbox"/> Lesbian <input type="checkbox"/> Bisexual <input type="checkbox"/>
	Heterosexual <input type="checkbox"/> Prefer not to say <input type="checkbox"/>
E-Mail: _____	National Ins No. _____
Next of Kin: _____	Relationship: _____
Next of Kin Address & Contact Number: _____ _____	

Section 2: Eligibility

Eligibility of Foreign Nationals

Applicants, who are classed as **Foreign Nationals**, shall be required to provide relevant work permits to enter the programme, as per Skills Funding Agency guide. (This information does inform the selection criteria)

Are you classed as a Foreign National? Yes No

Have you been a resident in the UK or the European Economic Area for the last 3 years Yes No

What is your immigration status? (Tick the box if this applies to you)

Not applicable	<input type="checkbox"/>	Overseas Student	<input type="checkbox"/>
Asylum Seeker	<input type="checkbox"/>	Official Refugee	<input type="checkbox"/>
Humanitarian Protection	<input type="checkbox"/>	Other	<input type="checkbox"/>

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Section 3: Work Location

Areas you are able to work in. (Please be as flexible as possible but realistic regarding travel and cost).

When are you available to start the course? : _____

Section 4: Ethnicity/Religious Beliefs

To help us see how our **Equal Opportunities Policy** is working, it would be helpful if you would say to which of these groups you feel most accurately describes you?



Asian or Asian British - Bangladeshi	<input type="checkbox"/>	White - British	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	White - Irish	<input type="checkbox"/>
Asian or Asian British - Pakistani	<input type="checkbox"/>	White - Other	<input type="checkbox"/>
Asian or Asian British - Other	<input type="checkbox"/>	Mixed - White & Asian	<input type="checkbox"/>
Black or Black British - African	<input type="checkbox"/>	Mixed - White & Black Caribbean	<input type="checkbox"/>
Black or Black British - Caribbean	<input type="checkbox"/>	Mixed - White & Black African	<input type="checkbox"/>
Black or Black British - Other	<input type="checkbox"/>	Mixed - Any Other	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

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Religion/Belief:

Roman Catholic

Muslim

Church of England

Hindu

Jewish

Mormon

Protestant

None

Jehovah's Witness

Prefer not to say

Sikh

Other (Please state) _____



Could you please tell us where your local **Connexions** office is?

What is the name of your local **Connexions** officer?

Section 5: Your Health

To help you more, if you consider yourself to be disabled are there any **access needs** or other support arrangements that you need to inform us about?

If you are taking permanent medication then you will be asked to inform MJTS' Health and Safety Officer, this will be done in confidence.

Doctors Name

Surgery

Are you currently taking medication?

Yes

No

The Health & Safety Officer will talk to you during your induction/ introduction to your course

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Section 6: Support Needs

Michaeljohn is able to **support learners with a variety of support needs.**

If you know or suspect you have learning difficulty or disability, please do not worry. At Michaeljohn we understand that it can be difficult to tell strangers about this for fear of being judged. Being open with us will help us to plan your individual support in order for you to succeed.

Do you consider yourself to have a disability?

Yes * No

If yes please give the details on page 9.

Do you have asthma?

Yes * No

Do you have epilepsy?

Yes * No

Do you have diabetes?

Yes * No

Do you have any skin complaint?

Yes * No

Do you have any back/leg problems?

Yes * No

Do you have any learning difficulties, for example dyslexia/dyscalculia/dyspraxia?

Yes * No

Do you have any visual problems e.g. are you short / long sighted, colour-blind, require glasses?

Yes * No

Do you have any hearing problems?

Yes * No

Are you in good health?

Yes * No

Do you have any of the following? (P.T.O.)



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- Allergies? Yes * No

At MJTS we provide breakfast bars some may contain nuts.

- Do you have any nut allergies? Yes * No
- Autism? Yes * No
- Asperger's Syndrome? Yes * No
- Problems with speech? Yes * No
- Vertigo? Yes * No
- Heart problems? Yes * No
- Nervous problems? Yes * No
- Migraine? Yes * No
- Diabetes? Yes * No

Other please record _____

** If you have answered yes to any of the above please discuss this with the Recruitment & Retention staff or in detail Section 11.
(This is in complete confidence)*

Section 7: Your School/College

Name of School: _____

Date of leaving/ left school: _____

Name of college (if applicable): _____

Date of Leaving/left College: _____

Careers Advisor: _____

Personal Tutor: _____

Do/did you receive any additional support from school or E2E? (Entry to Employment). _____

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Please give details of any Part Time / Voluntary / Saturday jobs/Volunteering

Have you already been offered a job in a salon? Yes No



If yes, please give details

Salon Name: _____ Managers Name: _____

Salon Address: _____

Salon Tel: _____

Section 9: How did you hear about Michaeljohn Training School?

- School
- College
- Careers Event
- MJTS Website
- Connexions Service (name office) _____

- Advertisement (Please circle as appropriate)

Newspaper Internet Flyer Sales Visit

NAVMs Website Mycoursemyfuture.com
 (National Apprenticeship Matching Service)

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Were you recommended to Michaeljohn Training School? (If you were, please tick who recommended you)

- Current Salon Owner
- Relative
- Work placement Salon
- Ex/Current Learner
- Friend
- Connexions
- Other Training Provider

Other: (Please say)

Do you hold a driving license? Yes No

Do you have access to your own transport? Yes No

Section 10: Your Hobbies & Interests

Briefly tell us about your hobbies/interests:

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Section 11: Additional Information

Please state any **Additional information** in support of your application; (for example why do you want to become a hairdresser?) or any information you feel we should be aware of to offer support.

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MJTS Data Protection Policy

In order for Michaeljohn Training School to personalise your training programme we need to collect some information about you and we will use a range of methods and activities to do this.

When we have collected the information, Michaeljohn Training School management, assessors and administration staff will have access to it. In addition we may need to share the information with other external bodies including, but not limited to, Connexions, Employers, the Skills Funding Agency (SFA). The SFA fund your training programme. The information you supply will be used by the Chief Executive of Skills Funding, to issue you with a Unique Learner Number (ULN), and to create your Personal Learning Record. Further details of how your information is processed and shared can be found at www.learningrecordsservice.org.uk/privacynotice

Ofsted who inspect the quality of the training programme may also have access to the information. In order for Michaeljohn Training School to comply with the Data Protection Act 1998 (Amendment 2003), we need your permission to share your information with our external partners and regulatory organisations.

Please sign below to confirm that you agree with the information being shared.

You are entitled to see any of the personal information that we hold on you. You may ask to see the information by giving seven days written notice.

Learner Name: _____

Learner Signature: _____ Date: _____

Thank you for completing the application form

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Please return this application form to the Recruitment and Retention Officers

MANCHESTER

Michaeljohn Training
Atlantic House
77-83 Oldham Street
Manchester
M4 1LW
0161 834 1095
info@mj-training.co.uk

OLDHAM

Michaeljohn Training
14 Union Street
Oldham
Lancashire
OL1 1BD
0161 624 3190
oldham@mj-training.co.uk

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