

EXPERIENCED WORKER PROGRAMME CANDIDATE ENQUIRY & ELIGIBILITY FORM

HOW TO COMPLETE THIS FORM:

NOTE: PAGE 1 MUST BE COMPLETED

- 1 Read this form through first.
- 2 Use **BLACK** ink & **BLOCK CAPITALS** only for your answers.
- 3 Ensure all sections are complete.

Office Use Only (Where approved, this document must be accompanied by pages 2 to 3 before submission to Administration for processing)

Enquiry Logged (Marketing)	Date & Initial:	_____
Screened by AC Co-ordinator	Date & Initial:	_____
Assessor Assigned (AC Manager)	Name:	_____
Employer H & S Date Assigned (OC)	Date & Initial:	_____
Payment Received	Date & Initial:	_____
Received by Administration	Date & Initial:	_____

SECTION 1 - EMPLOYER DETAILS

For insurance and health & safety purposes "TYPE OF EMPLOYMENT" must be specified, please tick to indicate: Employer Self-Employed Agency

Name: _____ Number of Full Time Employees: _____
 Address: _____
 County/London _____ Postcode: _____
 Contact: _____ Job Title: _____
 Tel/Mobile: _____ Email: _____

SECTION 2 - CANDIDATE'S PERSONAL DETAILS

Surname: _____ Forename(s): _____
 Date of Birth: _____ Sex (please tick): Male Female
 National Insurance Number: _____
 Address: _____
 County/London Borough _____ Postcode: _____
 Home Tel: _____ Mobile Tel: _____
 Email: _____ Specify Length of Time In Industry: _____
 Job Title: _____ Specify Length of Time With Employer: _____

Please tick the discipline relevant to this application:

Heating & Ventilating (Com) Level 2 Heating & Ventilating (Dom) Level 2 Service & Maintenance Level 2 Plumbing Level 2 Ref & Air Con Level 2
 Heating & Ventilating (Com) Level 3 Heating & Ventilating (Dom) Level 3 Service & Maintenance Level 3 Plumbing Level 3 Electrical Level 3

SECTION 3 - QUALIFICATIONS

Qualification	Gained	Working Towards	Date/Expected Date of Achievement
• 5 GCSE's Grades A-C or O Levels	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• 5 CSE Grade 1	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• 1 or more A Levels	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• 2 AS Levels	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• BEC General Certificate/Diploma with Credit	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• HND or HNC	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• BTEC 1 st Diploma or higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• C&G Higher Operative or Craft	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• GNVQ Intermediate or Higher	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• NVQ Level 2, 3 or 4	Yes <input type="checkbox"/> No <input type="checkbox"/>		
• Access Course	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Other than those stated above, please state any qualifications or short courses which you have completed in the past. Please include any non UK qualifications (including the country of attainment). Where you have no previous qualifications please state "None".

SECTION 4 - EMPLOYER DECLARATION

Please tick the following, if agreed, and sign the declaration:

- I/We will provide the learner with access to all necessary work experience within their contract hours of employment to meet the requirements.
- I/We will, if requested, provide associated documentation to meet the evidence requirements.
- Provide sufficient time for portfolio development and scheme attendance requirement within learners contracted hours of employment.
- I understand that details may be passed on to other relevant parties only for the purposes indicated in the BEST Data Protection Statement.

Signature
 Print Name
 Date

Position in Company