

Please answer **ALL** questions, as this information is needed to complete registration.
Please complete the form **using black ink** and **in CAPITAL LETTERS**.

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UL Number (Staff use only)

Section 1: Personal Details – Please give your legal names for certification purposes						
First Name						
Last Name						
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other			
Date of Birth			Age at 31 st August 2021			
Address						
Postcode						
Telephone (main)						
NI Number (if applicable):						
Email						
Emergency Contact Details						
Next of Kin			Relationship			
Telephone			Email			
Address (if different)						
Section 2: Residency						
Nationality			Passport #			
Expiry Date						
Are you an asylum seeker?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Are you currently living in the UK?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you continuously lived, worked, studied within the UK/EU/EEA for the past 3 years?	<input type="checkbox"/> Yes				<input type="checkbox"/> No	
If NO, please state the date of your arrival in the UK/EU/EEA						
Visa type						
Valid From			Valid to			
Please tick if any of the following categories apply to you – you will need to provide evidence.						
Indefinite/Exceptional/Discretionary leave to remain	<input type="checkbox"/>	Spouse/Civil partner of person with settled status	<input type="checkbox"/>	Refugee	<input type="checkbox"/>	
Staff Use: Evidence seen	<input type="checkbox"/>	Initial & Date				
Where did you find out/hear about Bliss College?						
Banner Outside College	<input type="checkbox"/>	Current Student	<input type="checkbox"/>	Newspaper	<input type="checkbox"/>	
Your Employer	<input type="checkbox"/>	School	<input type="checkbox"/>	Open Event	<input type="checkbox"/>	
Poster	<input type="checkbox"/>	Internet/Website	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	
Careers Office	<input type="checkbox"/>	Job Centre	<input type="checkbox"/>	Relative/Friend	<input type="checkbox"/>	

Section 3: Ethnicity					
Ethnic Origin (Please tick ONE from the list below)					
White		Asian/Asian British		Other Ethnic Group	
01 – White British	<input type="checkbox"/>	08 - Indian	<input type="checkbox"/>	15 - Chinese	<input type="checkbox"/>
02 – White Irish	<input type="checkbox"/>	09 - Pakistani	<input type="checkbox"/>	16 – Any other Ethnic Group	<input type="checkbox"/>
03 – Any other white background	<input type="checkbox"/>	10 - Bangladeshi	<input type="checkbox"/>	99 – Not Stated	<input type="checkbox"/>
Mixed/Multiple Ethnic Group	<input type="checkbox"/>	11 – Any Other Asian Background	<input type="checkbox"/>		<input type="checkbox"/>
04 – Mixed White and Black Caribbean	<input type="checkbox"/>	Black/African/Caribbean/Black British			
05 – Mixed White and Black African	<input type="checkbox"/>	12 – Caribbean	<input type="checkbox"/>	14 – Any other Black Background	<input type="checkbox"/>
06 – Mixed White and Asian	<input type="checkbox"/>	13 – African	<input type="checkbox"/>		<input type="checkbox"/>

Section 4: Education

Name of Previous School/College	<input style="width: 100%;" type="text"/>
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Qualifications on Entry (please use separate sheet if required). Please state what qualifications you are currently studying or have completed in the past

Type of qualification	Subject	Level	Grade	Year	Country Taken	Evidence seen (by staff)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No previous qualification	<input type="checkbox"/>
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*ALL QUALIFICATIONS MUST BE ENTERED. IF YOU DO NOT HOLD ANY PRIOR QUALIFICATIONS PLEASE STATE 'NO PRIOR QUALIFICATIONS'

Section 5: Current Employment Status

Full Time Employment	<input type="checkbox"/>	Full Time Education	<input type="checkbox"/>
Part Time Employment	<input type="checkbox"/>	Unemployed and looking for work	<input type="checkbox"/>
Self-Employment	<input type="checkbox"/>	Unemployed and not looking for work	<input type="checkbox"/>

If you are unemployed, how long have you been unemployed? (Please tick one of the options below)

Under 6 months	<input type="checkbox"/>	6-11 months	<input type="checkbox"/>	12-23 months	<input type="checkbox"/>	24-35 months	<input type="checkbox"/>	Over 35 months	<input type="checkbox"/>
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Are you on any benefits? (Please tick those that apply)	JSA	<input type="checkbox"/>	ESA	<input type="checkbox"/>	Universal Credit	<input type="checkbox"/>	None	<input type="checkbox"/>
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Section 6: Learning Support and Disability/Health

Please tick the boxes in this section to help us plan for relevant support while you are on your course. Do you have:

No Learning difficulty/Learning disability		<input type="checkbox"/>	
Visual Impairment	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>
Social/Emotional difficulties	<input type="checkbox"/>	Mental Health difficulty	<input type="checkbox"/>
Profound Complex	<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>
Autism spectrum disorder	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>
Moderate learning disability	<input type="checkbox"/>	Severe learning disability	<input type="checkbox"/>
Speech, language & communication needs		<input type="checkbox"/>	Prefer not to say
Other medical condition or disability (Please specify)		<input type="checkbox"/>	<input type="text"/>
If you have ticked more than one option above, please confirm what you consider to be your primary learning difficulty, disability or health problem.			<input type="text"/>
I would like to speak to someone to discuss learning support while attending my course			<input type="checkbox"/>
Please tick if you have a hearing impairment which might prevent you from hearing a fire alarm			<input type="checkbox"/>
Important: Do you need assistance to evacuate a building in an emergency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
You can agree to being contacted for other purposes by ticking any of the following boxes if you wish to be contacted			
About courses or learning opportunities	<input type="checkbox"/>	For surveys and research	<input type="checkbox"/>
By Phone	<input type="checkbox"/>	By Email	<input type="checkbox"/>
By Post <input type="checkbox"/>			

Section 7: OFFICE USE ONLY

Photo ID Type	<input type="text"/>	Date of expiry	<input type="text"/>
Proof of Status	<input type="text"/>	Date of expiry	<input type="text"/>
Address Proof	<input type="text"/>	Other (specify)	<input type="text"/>
Proof of LSD	<input type="text"/>	Proof of LLDD	<input type="text"/>
Income Proof	<input type="text"/>	Other Documents	<input type="text"/>
Checked By	<input type="text"/>	Date checked	<input type="text"/>

1. Section 8: Learner Declaration and GDPR Consent

It is the company's policy to treat all applicants fairly and equitably regardless of gender, racial or cultural grounds, disability, age marital status, religious beliefs, sexual orientation, or any other category where discrimination cannot be reasonably justified. The information you have given will be treated in the strictest confidence and may be passed to others involved in your training that will treat your information in the same confidential manner. However, there may be things you tell us that the law requires us to pass on. You will be informed if this happens. (Please see information regarding the GDPR below)

By signing the Application Form and Learning Agreement, I confirm that the contents are true and accurate. I understand that declaring false information may lead to prosecution. The training provider, Bliss College, may also attempt to reclaim any tuition fees and support costs provided, if false information has been provided. You agree/understand:

- That the information provided is correct
- To abide by Bliss College's policies and procedures.
- To accept responsibility to inform us of any changes while you are a learner (e.g., contact, employment or status details.)
- To authorise Bliss College to obtain your Unique Learner Number (ULN) from the Education and Skills Funding Agency.
- That you have been given advice and guidance on your choice of learning programme to assess your suitability in accordance with our procedures.
- That your learning programme and fees may be modular and may require timely progression.

Under the General Data Protection Regulation 2018 (GDPR) all information in relation to you shall be:

- Processed lawfully, fairly and in a transparent manner.
- Collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes.
- Adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed.
- Accurate, and where necessary, kept up to date; every step must be taken to ensure that inaccurate data, having regard to the purposes for which they are processed are erased or rectified without delay.
- Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed.
- Processed in a manner than ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.

Should you have any doubts or would like to read more about the GDPR, please go to:

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

Signature		Date	
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