

Office Use Only I P AC CPP CPPA
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Qualification Application Form

City & Guilds Centre Number: 065878

City & Guilds Enrolment No:

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Please PRINT ALL DETAILS CLEARLY.

Please write your names as you want them to appear on your certificate

Family Name:	Date of Birth: please write this clearly in the boxes provided below - dd/mm/yyyy
First Name(s):	
Job Role:	Employer Name:
Home Address:	Workplace Address:
Postcode	Postcode
Tel. No:	Tel. No:
Email:	

Award (please indicate name of qualification you wish to undertake)

For Office Use Only: Unique Learner Number

For Office Use Only:	Assessor	IV
Date enrolled with C&G	Date entered on to e- portfolio system	Date entered on Tracking System:

Please complete the following information about your workplace and your job role.

Important Note: If you are undertaking the Level 5 Diploma please attach a current CV and Job Description

About Your Work Role And Responsibilities Please list the main activities/tasks you undertake as part of your job:			
About Your Workplace Please ✓ the type of workplace you are based in.			
Residential Care	Day Services	Tenancy Support	Domiciliary Care
Outreach Service	Respite Care	GP Practice/Primary Care	Hospital
Nursing Home	Intermediate Care	Rehabilitation	Social Work Team
Family Centre	Other (specify)		
About The People You Work With/Support Please ✓ the client group you mostly work with.			
Children & Young People	Adults	Adults with Learning Difficulties	Adults with Mental Health needs
All ages groups	Older People	Older People with Mental Health needs	Other (specify)
About your Work Pattern			
Do you work (✓ which applies to you)	Full Time	Part Time	
What is your usual work pattern i.e. shift patterns, times etc.			

About your prior qualifications
 Please list all prior formal educational and/or professional qualifications attained.
 If required continue on a sheet of plain paper and attach this to your application
 (Please note: If your programme is government funded you will be asked to produce evidence of any prior qualifications i.e. certificates)

Qualification type e.g. GCSE, A Level	Subject(s)	Year achieved	Grade (If applicable)

About Workplace Training You Have Completed
 Please indicate with a ✓ any work related training courses you have completed

Organisational Induction	Fire Safety	Moving & Handling	Basic First Aid
Safeguarding Adults/ Children	Health & Safety	Food Hygiene	Other (specify)

About Contacting You.
 Please ✓ the method you would prefer us to use when contacting you

Work Telephone	Home Telephone	Mobile	Email
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Please tell us the best time to contact you

Manager/Supervisor Supporting Statement

Applications will not be accepted without the support of the applicants manager, supervisor or person authorised within their organisation to support the application e.g. Training Manager

I confirm that (applicants' name) is ready for assessment and has demonstrated consistency and competence within their work role. I therefore, fully support their application for the identified qualification/course*.

I confirm that I understand my responsibilities as detailed in the Employer Agreement

Manager/Supervisor Name: (please PRINT)

Manager/Supervisor Signature.....

Manager/Supervisor Contact Details

Tel: Email:

Date: (*delete as applicable)

Monitoring Information

This page has a series of questions, which we would request you answer for monitoring purposes only. Please respond by placing a ✓ against the statement you consider to be most appropriate to you.

Codes	Gender	Response
	Male	
	Female	
	Disability / Learning Difficulty	
01	Visual impairment	
02	Hearing impairment	
03	Disability affecting mobility	
04	Other physical disability	
05	Other medical condition (e.g. epilepsy, diabetes, asthma)	
06	Emotional / behavioural difficulties	
07	Mental ill health	
08	Temporary disability after illness (e.g. post viral) or accident	
10	Dyslexia	
11	Dyscalculia	
19	Other specific learning difficulty	
98	No disability	

Please provide any additional information that would help us to support you if you have specific assessment considerations e.g. if English is your second language