**Referral form-Traineeship**

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| **Learner Information** |
| Surname: |  | First Name: |  |
| Title: |  | DOB: |  |
| Current Address: |  | Sex: |  |
|  |  | NI Number: |  |
|  |  | Tel Number: |  |
|  |  | Email Address: |  |
| Post Code: |  | Ethnicity: |  |

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| **Emergency contact details** **Relationship** |
| Name**:** Relationship: Phone number: +44 7563 248663 |

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| Due to the risks of Covid 19 – Do you have any underlying medical or health conditions we need to take into consideration? |
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| Does Learner consider themselves to have a long-term disability, health problem or learning disability? *(If yes Please state below):* |
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| Does Learner consider themselves to have learning difficulties, if so please give further details  |
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| **Employment Status** *(Please tick the relevant box)* |
| In Paid Employment |  | Not in paid employment, Looking for work |  | Not in paid employment, not looking for work |  |  Unemployed**(TICK)** |  |
| Employment Hours |  |

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| **Career and work experience, please state careers interested in and any work experience**  |
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| **Prior Attainment**  |
| **Qualification** | **Level** | **Date** |
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| **What I want from this course (please highlight or tick)** |
| Build Confidence | Motivation |
| Build Self Esteem | Support, Advice and guidance  |
| Raise Aspirations  | To build new relationships  |
| Develop my employability Skills | To help get a job  |
| Other-please specify |

**I confirm that, to the best of my knowledge, all information given on this application form is correct**

**I give permission for Ixion to share my information with my referral partner and affiliated organisations in relation to my**

**application for this program.**

**I consent to my Personal Learning Record being checked to ensure that I am eligible to complete the qualification**

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| --- | --- | --- | --- |
| Learner signature |  | Date: |  |

**Once completed please email this form and an up to date copy of your CV to** **Traineeships@ixionholdings.com**

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