



# HAIRDRESSING APPRENTICE APPLICATION FORM

## INSTRUCTIONS

Complete all sections in **BLACK** ink. Your employer or supervisor must complete the **APPROPRIATE** questionnaire at the back.

**YOU MUST ATTACH A COPY OF YOUR GCSE CERTIFICATES FOR MATHS & ENGLISH TO THIS FORM – if these are not available please submit your Statement of Results**

All information supplied will be used and stored in accordance with our Data Protection Registration.

## Applicant Details

National Insurance number \_\_\_\_\_

ULN (Unique Learner Number) \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Age last birthday \_\_\_\_\_ years

First names \_\_\_\_\_

Surname \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Home telephone number \_\_\_\_\_ (including STD code)

Mobile \_\_\_\_\_ Email address \_\_\_\_\_

***‘WORK IS A REAL EDUCATION’***

## Declaration of UK Residency

Have you been a UK resident for the last THREE years? Yes  No

If you have answered NO to the above question, please give your previous address:

Why were you not resident in the UK?

## Secondary School Education

Are you currently at school? Yes / No

Name of secondary school \_\_\_\_\_

## Further Education & Training

Have you attended college? Yes / No

If yes, name of last college you attended \_\_\_\_\_

Did you attend the college as a full time or part time student? \_\_\_\_\_

What course were you on? \_\_\_\_\_

Did you complete this course? \_\_\_\_\_

When did you start? \_\_\_\_\_ (month) \_\_\_\_\_ (year)

When did you leave? \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Have you been an Apprentice before? Yes / No

If yes, what occupation was this in? \_\_\_\_\_

Who was the training provider? \_\_\_\_\_

How long were you an Apprentice? \_\_\_\_\_ (number of months)

Did you gain any complete units/certificates? Yes / No

Why did you leave? \_\_\_\_\_

## Which NVQ Level/Programme are you applying for?

Level 2 (Apprenticeship)

Level 3 (Advanced Apprenticeship)

## Personal Profile – About You

In your own handwriting, please answer all the questions below using a minimum of 15 words for each answer.

What subjects did you like most at school and why?

How do you like to spend your free time?

What is your family life like? {Do you live at home? Do you have brothers and sisters?}

What hairdressing experience have you got and what sort of things do you do in the salon on a typical day?

Why have you chosen hairdressing as a career?

What would you like to be doing in three years time?

What do you think you'll enjoy most about being an Apprentice?

## About Your Employment

Are you currently employed in a salon? Yes / No

If **yes**, which salon do you work in? \_\_\_\_\_

What is your job title? \_\_\_\_\_

When did your full-time employment start? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

What is your employer's name? \_\_\_\_\_

Full address of where you work \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Work telephone number \_\_\_\_\_

If **no**, what areas can you Travel to? \_\_\_\_\_

Do you have a WRITTEN contract of employment? Yes / No

Do you have a WRITTEN job description? Yes / No

Do you receive £95 or more gross pay a week? Yes / No

## Working Hours

Please complete the table below, showing your day off, and then add up your hours

	<u>Morning</u> Start Time	<b>LUNCH BREAK</b>	<u>Afternoon / Eve</u> End Time	<b>Total Daily Hours</b>
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				
<b>Sunday</b>				

Total number of hours per week \_\_\_\_\_ hours

## Successes & Achievements

Can you use a computer? Yes / No

Do you have access to a computer you can use for your studies? Yes / No

Can you use a camera? Yes / No

Do you have access to a camera you can use for your studies? Yes / No

**Please tick any that apply to you:**

- |  |  |
|--|--|
| <input type="checkbox"/> 'Buddy' to new people     | <input type="checkbox"/> Prefect at school                 |
| <input type="checkbox"/> Driving license           | <input type="checkbox"/> Member of a sports team           |
| <input type="checkbox"/> First aid                 | <input type="checkbox"/> Volunteer / charity work          |
| <input type="checkbox"/> Play a musical instrument | <input type="checkbox"/> Do regular exercise or play sport |
| <input type="checkbox"/> Other _____               |  |

**Please list your qualifications in the table below**

(e.g. GCSEs, Key Skills, NVQs, units towards an NVQ)

Subject	Grade or Level	Year Achieved

**★ Please attach copies of your statement of results or certificates and send them to us with this application form – see page 9 for further details.**

## Additional Learning Support

Are you dyslexic? Yes / No

Do you have dyscalculia? Yes / No

Were you 'statemented' during your time at school? Yes / No

### Please tick a box only if you think you might need help in this area

- Grammar
- Punctuation

- Reading
- Spelling

- Writing

- Adding numbers
- Calculating volume
- Decimals

- Dividing numbers
- Fractions
- Multiplying numbers

- Percentages
- Ratios
- Subtracting numbers

### Please tick a box if you have any of the following

- Allergies
- Asthma
- Backache
- Dermatitis
- Diabetes

- Eczema
- Epilepsy
- Fainting / black-outs
- Hearing difficulties
- Migraine /headaches

- Mobility difficulties
- Painful periods
- Sickle Cell

Is there anything not listed that could make some parts of your work difficult for you? \_\_\_\_\_

\_\_\_\_\_

Is your condition stable, variable or progressive? \_\_\_\_\_

What is your doctor's name and telephone number? \_\_\_\_\_

State the year of your last tetanus immunisation \_\_\_\_\_

Are you taking any long-term medication? Yes / No

If yes, does your medication cause any of the following side effects?

- Drowsiness
- Thirst
- Other \_\_\_\_\_

- Tiredness
- Headaches
- Needing the toilet more often

Do you need to take time off from work for the treatment of your condition, for example, hospital appointments? Yes / No

Is your employer aware of your condition? Yes / No / N/A

Have any adjustments been made at school or work to help you cope with any difficulties that your condition causes you? Yes / No / N/A

## Your learning preferences

Everyone has their own ways of tackling learning. Tick the methods you love and the ones you hate:

<i>I like to learn by . . . .</i>	Yes, I love to learn like this	No, I'd never choose this method
Trying things out for myself	<input type="radio"/>	<input type="radio"/>
Writing and making notes	<input type="radio"/>	<input type="radio"/>
Being shown what to do	<input type="radio"/>	<input type="radio"/>
Talking things over with others	<input type="radio"/>	<input type="radio"/>
Watching someone else an copying them	<input type="radio"/>	<input type="radio"/>
Reading books or magazines	<input type="radio"/>	<input type="radio"/>
Listening to lectures, tapes or CDs	<input type="radio"/>	<input type="radio"/>
Using e-technology like interactive work packs	<input type="radio"/>	<input type="radio"/>
Understanding why things happen	<input type="radio"/>	<input type="radio"/>
Making mistakes	<input type="radio"/>	<input type="radio"/>

## Emergency Contacts

Who would you like us to contact if there is an emergency?

Name \_\_\_\_\_

Contact numbers \_\_\_\_\_

\_\_\_\_\_

What is your relationship with this person? \_\_\_\_\_

## Confidentiality

You have the right for information about any disabilities or learning difficulties to be kept confidential. We will only share this information if we believe it is within your interests and we have your permission to do so.

Sign here to give your consent \_\_\_\_\_



## Declaration

*I declare that the information I have given is accurate and true. I agree that, in order to comply with government guidelines (MIAP), this information can be used to obtain a unique learner number and I have seen a fair processing notice that explains how this data could be used*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you are under 18 years of age, a parent or guardian must also sign this form.**

Parent / guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**If you are employed, please ask your employer to complete the reference at the back before sending it to us – along with copies of your Statement of results or GCSE certificates.**

If you have any questions you need to ask about filling in this application form, please contact us and we will be happy to help you:

Tel: 02392 591666

Web: [www.its-ltd.net](http://www.its-ltd.net)

Email: [info@its-ltd.net](mailto:info@its-ltd.net)

Inter Training Services Limited, 2 London Road Horndean Waterlooville Hampshire  
PO8 0BZ





## **PLEASE READ - Copies of GCSE Certificates**

Hairdressing Apprenticeships are made up of a Hairdressing NVQ and Key Skills at level 1 or level 2 in Communication and Application of Number.

If you have achieved GCSEs in English/English Literature and Mathematics, you will be exempted from certain parts of the Key Skills component. This means you will be able to achieve your qualification more quickly and will not have to re-do work you may have done at school.

If you attained a grade C or above in either Maths or English, and produce your certificate within 2 months of being signed up, you will be able to choose either a £10 mobile phone top up or a £10 voucher for play.com.

### **Frequently Asked Questions**

**Q** *Is a GCSE Statement of Results acceptable?*

**A** Yes. However, we must have good quality photocopies of your actual certificates to verify your exemption **if you have A-C results in Maths or English.**

**Q** *What if I don't yet know my GCSE results?*

**A** We will accept application forms without certificates in the year that the examinations were taken provided that you promise to send us copies as soon as you have them.

**Q** *When will my school give me my GCSE certificates?*

**A** They are usually issued at a presentation or graduation event hosted by your school after you have left school. If you don't attend this event, you won't be given copies of your certificates so will end up having to pay for replacement copies (see below).

**Q** *What if I don't have my certificates?*

**A** Firstly, contact your school who may still be holding copies of certificates that you never collected. If your school does not hold your certificates, find out the name of the Examining Board for the GCSEs you took in English and Mathematics and also your unique examination/enrolment number. We will be able help you apply to the Examining Board for replacement copies but this is likely to cost in the region of £30 per certificate.

**Q** *What if I already have Key Skills?*

**A** You will need to provide good quality copies of your Key Skills certificates as proof of your Key Skills achievement. If you have level 1 Key Skills, you will be expected to work towards level 2 Key Skills UNLESS you can provide us with copies of GCSE certificates for English and Mathematics at grades A\* - C that are less than 5 years old.

***Please contact us if you are unsure what certificates  
you need to attach to this form.***

## Standard Fair Processing Notice

The Managing Information Across Partners (MIAP) service is operated by the Learning Skills Council (LSC) for learners aged 14 years and over and learners registering for relevant post-14 qualifications.

MIAP offers a Learner Registration Service to allocate Unique Learner Numbers (ULNs) which enable the individual to access a Learner Record Service. The Learner Record Service will offer the Learner the facility to access their participation and achievement data via a website and to share this with other organisations and individuals where permission is granted.

The MAIP service will allow those organisations listed on section 537A of the Education Act ([www.miap.gov.uk](http://www.miap.gov.uk)) to use the Unique Learner Number as a key to sharing participation and achievement data in a consistent and approved manner, promoting good information management practice.

All organisations that will have access to the information you provide are registered under the Data Protection Act 1998. At no time will your personal information be passed to organisations for marketing or sales purposes.

Individuals can opt-out of sharing participation and achievement data with those organisations listed in section 537A of the education act. Details of opting-out of data sharing can be found at [www.miap.gov.uk](http://www.miap.gov.uk) or by telephoning the MIAP helpdesk on 0845 6022589.

# EMPLOYER REFERENCE FOR AN APPRENTICE (NVQ LEVEL 2)

## TO BE COMPLETED BY THE EMPLOYER/SUPERVISOR

<p><b>Please tick to confirm that the apprentice will receive training in:</b></p>			
<input type="checkbox"/> Client consultation	<input type="checkbox"/> shampooing	<input type="checkbox"/> blow drying	<input type="checkbox"/> using electrical styling equipment
<input type="checkbox"/> setting hair (wet)	<input type="checkbox"/> dressing hair	<input type="checkbox"/> cutting hair (basic)	<input type="checkbox"/> colouring hair
<p><b>On average, how much in-salon training will the Apprentice receive each week in addition to Trainer/Assessor visits?</b></p>			
<p><input type="checkbox"/> 2 hours    <input type="checkbox"/> 3 hours    <input type="checkbox"/> Up to 6 hours    <input type="checkbox"/> More than 6 hours</p>			
<p>Please state the usual days and times for in-salon training:</p> 			
<p><b>How would you rate his/her performance in the following areas?</b></p>			
Sickness record and time keeping/reliability	☺	☹	☹
Confidence in dealing with clients	☺	☹	☹
Working with others (team spirit & relationships with colleagues)	☺	☹	☹
Working without supervision	☺	☹	☹
Commitment to the job and to a future career in hairdressing	☺	☹	☹
Ability to follow instructions and concentration levels	☺	☹	☹
Reading, writing and language skills	☺	☹	☹
Adding, subtracting, dividing, multiplying, estimating, decimals, fractions, ratio, percentage skills	☺	☹	☹
<p><b>Please tick ONLY if you guarantee the following</b></p>			
<input type="checkbox"/> They will have a mentor who will guide and support them			
<input type="checkbox"/> Appointments with Trainer/Assessors will not be interrupted			
<input type="checkbox"/> You will release him/her for any key skill tests			
<input type="checkbox"/> S/he will be given at least one hour per week to work on key skills projects/ portfolio during work time			
<input type="checkbox"/> You or a senior member of staff will take part in progress reviews			
<input type="checkbox"/> His/her health and welfare will be monitored			

**PTO**

**How long do you think s/he will need to complete the apprenticeship?**

The usual time needed to complete an Apprenticeship is around 22 months. If you think this Apprentice will need less or more time please give your reasons below.

less than 22 months

more than 22 months

**Please select TWO optional units from the list below that you believe would be best for the apprentice**

<input type="checkbox"/>	G4	Fulfil salon reception duties
<input type="checkbox"/>	G18	Promote additional services or products to clients
<input type="checkbox"/>	G8	Develop and maintain your effectiveness at work
<input type="checkbox"/>	GH13	Plait and twist hair
<input type="checkbox"/>	GH14	Perm and neutralise hair

**Please list any qualified in-salon assessors and those working towards their A1 award**

Enter name	Please tick a column	
	Qualified	Working towards A1

**Please read the statement below before signing:**

You are signing this questionnaire to confirm that you will provide training for the Apprentice so s/he is able to successfully complete their programme and that visits between the apprentice and our Trainer/Assessors and Support Mentors will be uninterrupted.

**Employer name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ /20 \_\_\_\_

# EMPLOYER REFERENCE FOR AN ADVANCED APPRENTICE (NVQ LEVEL 3)

## TO BE COMPLETED BY THE EMPLOYER/SUPERVISOR

<p><b>On average, how much in-salon training will the Advanced Apprentice receive each week in addition to Trainer/Assessor visits?</b></p> <p> <input type="checkbox"/> 2 hours              <input type="checkbox"/> 3 hours              <input type="checkbox"/> Up to 6 hours              <input type="checkbox"/> More than 6 hours         </p> <p>Please state the usual days and times for in-salon training:</p>  			
<p><b>How would you rate his/her performance in the following areas?</b></p>			
Sickness record and time keeping/reliability	☺	☹	☹
Confidence in dealing with clients	☺	☹	☹
Working with others (team spirit & relationships with colleagues)	☺	☹	☹
Working without supervision	☺	☹	☹
Commitment to the job and to a future career in hairdressing	☺	☹	☹
Ability to follow instructions and concentration levels	☺	☹	☹
Reading, writing and language skills	☺	☹	☹
Adding, subtracting, dividing, multiplying, estimating, decimals, fractions, ratio, percentage skills	☺	☹	☹
<p><b>Please tick ONLY if you guarantee the following</b></p>			
<input type="checkbox"/> They will have a mentor who will guide and support them			
<input type="checkbox"/> Appointments with Trainer/Assessors will not be interrupted			
<input type="checkbox"/> You will release him/her for any key skill tests			
<input type="checkbox"/> S/he will be given at least one hour per week to work on key skills projects/ portfolio during work time			
<input type="checkbox"/> You or a senior member of staff will take part in progress reviews			
<input type="checkbox"/> His/her health and welfare will be monitored			

**PTO**

**How long do you think s/he will need to complete the Advanced Apprenticeship?**

The usual time needed to complete an Advanced Apprenticeship is around 22 months. If you believe this Advanced Apprentice will need less or more time please give your reasons below.

less than 22 months

more than 22 months

Advanced Apprentices have to choose **FIVE** units from a list of options. All optional units can be selected from Group 1 but only one unit may be chosen from Group 2

**Which units best suit his/her current or future work role and career aspirations?**

**Group 1 Optional Units**

GH17 Colour hair using a variety of techniques

**GH18** Provide colour correction services

**GH19** Creatively style and dress hair

**GH20** Creatively dress long hair

GH21 Develop and enhance your creative hairdressing skills

GH22 Create a variety of permed effects

**Group 2 Optional Units**

G11 Contribute to the financial effectiveness of the business

G19 Support client service improvements

H32 Contribute to the planning and implementation of promotional activities

**Please list any qualified in-salon assessors and those working towards their A1 award**

Enter name	Please tick a column	
	Qualified	Working towards A1

**Please read the statement below before signing:**

You are signing this questionnaire to confirm that you will provide training for the Advanced Apprentice so s/he is able to successfully complete their programme and that visits between him/her and our Trainer/Assessors and Support Mentors will be uninterrupted.

**Employer name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ /20\_\_