



Please return this form to:
 Hoople Training and Education
 Auxilium House
 Legion Way
 Hereford, HR1 1LN

PRIVATE AND CONFIDENTIAL

Version 2.3

STUDY PROGRAMME APPLICATION FORM

Our Study Programme is aimed at 16-19 year-olds who struggle in mainstream education, supporting learners with social, emotional and mental health needs. We help our students to continue their education and build skills to gain employment, apprenticeships and life skills to develop independence, with a small group of students per cohort. Our doors are also open for 16-25 year-olds with Educational Health Care Plans (EHCP). In 2022, the Study Programme was rated 'Good' by Ofsted.

Please return this completed form to the address above, or by email to study.programme@hoopleltd.co.uk.

Part one: Your personal details (STUDENT)



Surname:			
First name(s):			
Title: (eg Mr/Miss)		Gender:	
Date of birth:			
Address line 1:			
Address line 2:			
Town/city:			
County:			
Postcode:			
Tel no:			
Mobile:			
Email address: (Print one character per block)			
Next of Kin phone number and email address (a trusted adult)			

What is your ethnicity?

- | | |
|--|--|
| <input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Gypsy/Roma/Traveller |
| <input type="checkbox"/> Irish (ROI) | <input type="checkbox"/> White/Black/Caribbean |
| <input type="checkbox"/> African | <input type="checkbox"/> White/Black African |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> White/Asian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Chinese | |

Is your gender identity the same as the gender you were assigned at birth?

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> No | |



Part two: Your education and qualifications



Current school/college, or school/college most recently attended:			(Expected) End date:
Qualification title: (attach a separate sheet if necessary)	Level: (eg GCSE, AS)	Grade: (or expected)	Year: (of qualification)

Part three: Additional information to help us support your needs



Have you been a resident of the European Union for at least the last three years?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Is English your first language?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are you in the care of the Local Authority or the Leaving Care team?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Did you receive extra time when sitting exams at school? If yes, for what reason?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Do you have a statement of special educational needs (EHCP)?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Do you consider yourself to have a disability, or other physical or mental health condition? (If yes, please indicate below)	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Are you registered as disabled? (If yes, please indicate below)	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
Please provide details of your disability, or any other physical/mental health condition:				



Part four: Declarations and signature



Do you consent to Hoople contacting you for marketing purposes?	Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
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I confirm that I am <u>not</u> already enrolled on an apprenticeship or other Government funded programme:	<input type="checkbox"/>
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How we use your personal information:

Hoople is the Data Controller under data protection law and will use the information you provide on this form in order to process your application. The legal basis for processing this data is that it is necessary for the performance of a task carried out in the public interest.

Your information will be shared with the Department for Education to meet legal responsibilities under the Apprenticeships, Skills, Children and Learning Act 2009.

Further information about the use of and access to your personal data, and details of organisations with whom we regularly share data, are available at: www.gov.uk/government/publications/esfa-privacy-notice and on our website at www.hoopleltd.co.uk/media/pbtj1rtq/hoople-esfa-funded-training-privacy-notice-v12.pdf. You can contact Hoople's Data Protection Officer by email Data.Protection@hoopleltd.co.uk.

I would like to apply for the Study Programme. I confirm that I have read and understood this declaration and that all the information provided on this application is accurate, truthful and honest, to the best of my knowledge. I understand that acceptance onto the programme will be subject to proof of eligibility to work in the United Kingdom and evidence of my stated qualifications.

X

Date of signature:
<input type="text"/>

Applicant, please sign above

Once complete, please post or email your application back to us at the address provided on page one. If you have any questions about your application, simply give us a call on 01432 383500 or email study.programme@hoopleltd.co.uk. Once we have received your application, a member of our team will shortly be in touch to further discuss your needs.

