

**Degree Apprenticeship Application/Registration Form**

**Degree Apprenticeship applying for:** Level 7 Advanced Clinical Practitioner

# **Personal Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title: |  |  | Last Name: |  |
| First Name: |  |  |  |  |
| Previous Last Name: |  |  | Middle Name: |  |
| Application Date: |  |  | National Insurance Number: |  |
| Date of Birth: |  |  | Gender: |  |
| Country of Birth: |  |  | Nationality: |  |
| Telephone No: |  |  | Mobile No: |  |
| Work Email: |  |  |  |  |
| Personal Email: |  |  |  |  |
| Permanent Address: |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| City: |  |  |  |  |
| Postcode: |  |  |  |  |

#

# **Ethnicity**

10 - White

14 - Irish Traveller

15 - Gypsy Traveller

21 - Black or Black British Caribbean

22 - Black or Black British African

29 - Other Black Background

31 - Asian or Asian British Indian

32 - Asian or Asian British Pakistani

33 - Asian or Asian British Bangladeshi

34 - Chinese or Ethnic Background China

39 - Other Asian Background

41 - Mixed White/Black Caribbean

42 - Mixed White/Black African

43 - Mixed White and Asian

49 - Other Mixed Background

50 - Arab

80 - Other Ethnic Background

90 - Not Known

98 - Information Refused

# **Disability**

A student’s disability will not be a factor in their selection. Telling us you have a disability or health need will not affect the University’s decision whether or not to offer you a place, and the information will remain strictly confidential. It is important that the University knows of any disability for the purposes of monitoring equal opportunities and to ensure that the University can provide students with appropriate facilities.

Please Select One of the following:

No known disability I prefer not to say

Social or communication impairment Specific learning difficulty

Blind or serious visual impairment Physical impairment

Deaf or serious hearing impairment Long standing illness

Mental health condition Two or more impairments

A disability not listed above

# *\*This information will remain confidential within the University and will not be disclosed to your employer without consent.*

# **Professional Registration**

|  |  |
| --- | --- |
| Professional Body: |  |
| If other please indicate: |  |
| Registration Number: |  |
| Date of Initial Registration: |  |

# **Professional/Prior Qualifications**

|  |  |
| --- | --- |
| Highest Level of Qualification to Date: Award: |  |
| Classification/Grade: |  |
| Start Date: | DD/MM/YYYY |
| Completion Date: | DD/MM/YYYY |
| Awarding University/College/Institution: |  |

**Level 2 English & Maths Qualifications**

*A requirement of all apprenticeships is for evidence to be provided of Level 2 English and Maths qualifications (e.g. GCSE level or equivalent).*

**English**

|  |  |
| --- | --- |
| Do you have a Level 2 English qualification? |  |
| What is the qualification? |  |
| What grade did you achieve? |  |
| Can you present evidence of the award? | Yes / No |

**Maths**

|  |  |
| --- | --- |
| Do you have a Level 2 Maths qualification? |  |
| What is the qualification? |  |
| What grade did you achieve? |  |
| Can you present evidence of the award? | Yes / No |

# **Employment Details**

*Please list your current employment details and if less than 2 years in post any previous employment to provide a history for a minimum of two years post-qualification experience.*

|  |  |
| --- | --- |
| Current Employer: |  |
| Employer Address: |  |
|  |  |
| Position / Post: |  |
| Start Date: |  |
| Mentor/Supervisor Name:  |  |
| Mentor/Supervisor Email: |  |
| Mentor/Supervisor Telephone: |  |
|  |  |
| Previous Employer 1: |  |
| Position / Post: |  |
| Start Date: |  |
| End Date: |  |
|  |  |
| Previous Employer 2: |  |
| Position / Post: |  |
| Start Date: |  |
| End Date: |  |
|  |  |
| Previous Employer 3: |  |
| Position / Post: |  |
| Start Date: |  |
| End Date: |  |

Employment Status: 10 - In Paid Employment

 11 - Not in Paid Employment

 12 - Not in Paid Employment - Not looking for work

 98 - Not Known/Provided