

Training Programme Application Form

It is important that you read the guidance notes for each question carefully and provide full answers as appropriate using blue or black ink.

The information you supply on this form will be treated in confidence.

Section 1 Personal details

Last Name: First Name:

Address:

Postcode: DOB

Home Telephone No: National Ins No:

Mobile Telephone No:

E-mail address:

Driving Licence: Do you hold a full, clean driving licence valid in the UK? Yes No

Section 2 Employment details

Employer's Name:

Address:

Postcode:

Job title:

Date of appointment:

Brief description of duties:

Section 3 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and Grades
School	Course	Qualifications and Grades

Section 4 Training and Development

Please give details of any training and development courses or NVQ's you have completed including the level taken.

Title of Training Programme or Course	Level Achieved

Section 5 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail your previous work experiences and knowledge. If you are or have been involved in any voluntary/unpaid activities, what your hobbies and interests are, your career ambitions and what you hope to gain from the training programme you are applying for and what learning method best suits you.

Section 6 Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the Rehabilitation of Offenders Act 1974?

Yes No

If yes, please give details/dates of offence(s) and sentences:

Section 7 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes No

If yes, please give details:

Section 8 Health

Do you have any health problems that may affect your ability to complete the training programme?

Yes No

Section 9 Additional Support

Do you feel that there are any other areas where you may require additional advice and support?

Yes No

If yes, please give details:

Section 10 Course Suitability

level 2

In order for use to offer you the most appropriate training course that best meets the needs of yourself and your employer, please indicate by placing a **TICK** in the appropriate box below which products/services you are involved with on a regular basis.

	OFTEN	SOMETIMES	RARELY	NEVER
Low profile car tyres				
Asymmetric and Directional car tyres				
Composite tread pattern car tyres				
Run-flat car tyres				
High Performance car tyre repairs				
Tubeless truck tyres				
Tube type truck tyres				
Split rims				
EVA/EVH rims				
Truck tyre minor repairs				
Truck Tyre regrooving				
Agricultural/Earthmover tyres				
Tube type				
Tubeless				
Plant tyre repairs				
Motorcycle tyres				
Motorcycle tyre repairs				
Motorcycle wheel removal				
Attending motorway/A road breakdowns				
Attending site breakdowns				
Front wheel alignment				
4 wheel alignment				
Exhaust parts replacement				
Catalytic converter replacement				
Lambda sensor replacement				
Stud/Nut replacement				
Use of Oxy-Acetylene gas equipment				
Brake disc and pads				
Brake drum and shoes				
Handbrake cables/linkages				
Hydraulic components				
Telescopic dampers				
Strut/Semi strut suspension units				
Automotive battery testing/replacement				
Associated component testing/replacement				

Section 10 Course Suitability

level 3

In order for use to offer you the most appropriate training course that best meets the needs of yourself and your employer, please indicate by placing a **TICK** in the appropriate box below which products/services you are involved with on a regular basis.

MONITOR WORKPLACE PROCEDURES TO CONTROL RISKS TO HEALTH & SAFETY

- Use a variety of safety information sources
- Check and enforce health & safety procedures?
- Carry out risk assessment activities
- Provide written reports
- Provide verbal reports

WORK WITH OTHERS TO IMPROVE CUSTOMER SERVICE INCLUDING:

- People within your company
- People from other organisations
- Within your own workplace
- Assisting managers etc.
- Meeting others to discuss customer service issues
- Using the phone and other means of communication

COORDINATE THE RECEIPT AND STORAGE OF PARTS

- Dealing with both large and small deliveries
- At convenient and inconvenient times
- Dealing with large and heavy items
- Dealing with large bulk deliveries
- Dealing with unscheduled deliveries

PROCESS PAYMENT TRANSACTIONS

- Taking cash, credit, debit and account payments
- Processing payment documentation

MONITOR & SOLVE CUSTOMER SERVICE PROBLEMS

- Using existing organisational procedures
- Involving agreed exceptions to usual practices

HELP CUSTOMERS CHOOSE PRODUCTS

- Different customers including cash, account etc.
- Offering alternative products of similar quality
- Offering additional products/services

PLAN, MONITOR & ADJUST STAFFING LEVELS AND SCHEDULES

- Organising staff rotas relevant to your workplace
- Dealing with staffing issues e.g sickness/holiday

Section 11 Medical History

To make us aware of any issues that could affect your training program and contact details in case of emergency, please would you provide the following medical details:

Doctors/Practice Name

Practice Address

Practice Telephone

Next of Kin

Address

Telephone

Have you ever/do you	Yes/No	Comments
Suffered from fits, fainting or blackouts?		
Had trouble with your back?		
Had any operations?		
Had heart problems?		
Had breathing problems?		
Suffer from Diabetes?		
Have a disability that could affect your training?		
Have problems with your eyesight?		
Suffer from colour blindness?		
Have any hearing problems?		
Hospital treatment in the last year?		
Take medication (prescribed or other)		

Section 12 Recruitment Monitoring Form

To help us ensure that our Equal Opportunities policy is fully and fairly implemented (and for no other reason) please complete this section of the application form.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK	<input type="checkbox"/>
Irish	<input type="checkbox"/>
White non-UK	<input type="checkbox"/>
Any other White background (please give details):	<input type="checkbox"/>
<input type="text"/>	

D. Black or Black British

Black Caribbean	<input type="checkbox"/>
Black African	<input type="checkbox"/>
Any other Black background (please give details):	<input type="checkbox"/>
<input type="text"/>	

B. Mixed

White & Black Caribbean	<input type="checkbox"/>
White & Black African	<input type="checkbox"/>
White & Asian	<input type="checkbox"/>
Any other Mixed background (please give details):	<input type="checkbox"/>
<input type="text"/>	

E. Chinese or other ethnic group

Chinese	<input type="checkbox"/>
Vietnamese	<input type="checkbox"/>
Any other ethnic background (please give details):	<input type="checkbox"/>
<input type="text"/>	

C. Asian or Asian British

Indian	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>
Any other Asian background (please give details):	<input type="checkbox"/>
<input type="text"/>	

F. I do not wish to provide this this information

Section 11 Declaration

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I hold no other qualifications not mentioned on this form

Signed:

Date

RETURNING THIS FORM

By Post:

Profit From Training Partnership Ltd
Unit 29 Centenary Business Centre
Hammond Close
Attleborough Fields
Nuneaton CV11 6RY

Fax:

024 76383946

www.profitfromtraining.org.uk

Telephone: 024 76325880

E-mail: sharon@profitfromtraining.org.uk