

APPLICATION FORM for a PRIVATE LEARNER

Level 2 / Level 3 Hairdressing

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

INSTRUCTIONS

Please complete all parts. If you have any questions about filling in this application form, please contact us and we will be happy to help you. Tel: 02392 591666 Email: info@its-ltd.net

Which VQ level are you applying for?

Level 2 Level 3

Applicant Details

First name(s)			
Surname (family name)			
Current address	House no/name		
	Street name		
	Town		
	County		Post Code
Home telephone		Mobile	
Email address			

Date of birth (DD/MM/YYYY)	
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About Your Employment

Which salon do you work in?			
What is your job title?			
When did your employment start? (DD/MM/YYYY)			
What is your employer's name?			
Salon address	Building number/name		
	Street name		
	Town		
	County		Post code
Salon telephone number			
Salon email address			

Working Hours

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

	Morning Start Time	LUNCH BREAK	Afternoon / Eve End Time	Total Daily Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
			Total number of hours worked per week (excluding lunch breaks)	

List qualifications you have achieved in the table below

(e.g. GCSEs, Key Skills, units towards a vocational qualification etc.)

Subject/Title of Qualification	Grade or Level	Month/Year Achieved

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

DECLARATION

I declare that the information I have given is accurate and true. I agree that, in order to comply with government procedures LRS this information can be used to obtain a unique learner number. I have read the data protection statement that explains how this data can be used.

Tick this box to agree to declaration statement	<input type="checkbox"/>
Date	