

FOR OFFICE USE ONLY

Scheme:

Date received:

Interview date and time:

Student Ref. No.

AST@INT CC C/P STU



University of Cumbria

# WORK-BASED LEARNING APPRENTICESHIP APPLICATION FORM

Please complete all sections in BLOCK CAPITALS and BLACK INK (tick where appropriate)

For courses at the Newton Rigg campus please return this form to—Student Recruitment Office, University of Cumbria, Newton Rigg, Penrith, CA11 0AH  
Tel 08458 500766

## Apprenticeship applied for;

Apprenticeship title	Year to commence

## Personal details

Surname	Title
Forenames	Preferred name
Postal address	
	Postcode
Daytime tel (inc area code)	Evening tel (inc area code)
Mobile	Email
Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Age on 31 August (in proposed year of enrolment)	Country of birth
Have you lived abroad in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please state date of entry to the UK <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Nationality	Country of normal residence if not UK
Have you applied for asylum/refugee status? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## Employment details

Name and address of present or prospective employer (if known)

\_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_

Dates of employment (eg 06/2008) From: \_\_\_\_\_ To: \_\_\_\_\_

Brief details of duties

\_\_\_\_\_

\_\_\_\_\_

## Education details

Name and address of current or last school or college attended

\_\_\_\_\_

\_\_\_\_\_

Tel No \_\_\_\_\_

Date of leaving (eg 06/2008) or due-to-leave date

\_\_\_\_\_

\_\_\_\_\_

Have you attended a course at this university before? Yes  No

If yes please specify which course, level and campus

\_\_\_\_\_

## Qualifications

Applicants should list all subjects taken, whatever the result. **If you are awaiting the result of any examination recently taken or are yet to sit the examination, write PENDING in the result column.** Qualifications awarded by Edexcel (BTEC) or SCOTVEC—please attach transcripts of all results if known and list modules with value and level of each. Continue on separate sheet if necessary.

Level	Subject	Estimated result or grade	Actual result or grade	Year

## Criminal convictions

Have you ever been convicted of a criminal offence? Yes  No

Convictions that are spent under the Rehabilitation of Offenders Act 1974 need not be disclosed. For further information on this refer to [www.nacro.org.uk/data/resources/nacro-2005020105.pdf](http://www.nacro.org.uk/data/resources/nacro-2005020105.pdf)

## Support with your learning

Do you have:

A learning disability Yes  No

A physical difficulty (including hearing/visual impairment) Yes  No

A medical condition Yes  No

A mental health condition Yes  No

A behavioral difficulty Yes  No

Would you benefit from additional support in literacy/numeracy? Yes  No

If you ticked any YES box, please state the disability and what we can do to assist you with your needs:

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I agree that information about my disability/special need may be passed to the relevant university staff to arrange support (please tick) Yes  No

## Declaration

To be completed by the applicant plus parent/guardian if applicable

If you are under the age of 18 please ask your parent or guardian to sign below indicating their agreement with you applying for a place at the University of Cumbria.

Signature of Applicant Date

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Signature of parent/guardian Date

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I hereby apply to the University of Cumbria. I certify that the above information is correct and agree to abide by the rules of the university. I accept liability for the payment of any fees or charges due to the university in respect of the above course. I have read and understood the Data Protection statements available at [www.cumbria.ac.uk/FOI.aspx](http://www.cumbria.ac.uk/FOI.aspx) and give my consent to the processing of my personal data as described.

To the referee,

On the reverse side of this letter you will find a pro-forma to be completed to support the named applicant who has applied for a work-based learning apprenticeship at the University of Cumbria.

We would be grateful if you could provide us with a reference listing details of academic ability, grades achieved and predicted, and suitability to the apprenticeship, or, where appropriate, duration of current employment, details of work and inter-personal skills, punctuality, attendance and reliability.

Please complete the form and return it to the address below as soon as possible.

Student Recruitment Office  
University of Cumbria  
Newton Rigg  
Penrith  
Cumbria  
CA11 0AH

Thank you for your help.

**PLEASE COMPLETE THIS SECTION BEFORE FORWARDING TO YOUR ACADEMIC\* REFEREE**

Name of applicant

Date of birth

Apprenticeship(s) applied for

\*If you left education more than 12 months ago, please forward to your most recent employer.

Please return this form to—Student Recruitment Office, University of Cumbria, Newton Rigg, Penrith, CA11 0AH.  
Tel 0845 8500766

**Reference**

**To the referee**

The university would be pleased if you could complete this section outlining your view of the suitability of the applicant for the Apprenticeship(s) chosen.

Assessment of potential (please tick)	Excellent	Good	Average	Needs to improve
Quality of written/practical work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisation of own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation/attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality/attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Honesty/reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide information as requested overleaf in support of the student's application.

Referee name

Position

Referee signature

Date

School stamp

Telephone

Email