**Expression of interest Form**

Please complete this form in BLOCK capitals

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Apprenticeship Interested in:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | Dr | | | | Mr | | | | | | | | | | Mrs | | | | | | | | Miss | | | | | | | | | | | | | Ms | | | | | | | | | | | | | | Other | | | | | | | |  | | | | | | | | | | | | |
| Surname | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Previous Surname | | | | | | | | | | | | | | | | | | | | | If Applicable | | | | | | | | | | | | |
| Forename(s) | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Known As | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Date of Birth | | | | |  | | | | | |  | |  | | | | |  | | |  | | |  | | | | | |  | | | | |  | | Male | | | | | | | | | |  | | | | | | | | | | | | Female | | | | | | | |  | | | | | | | |
| Permanent Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | Home | | |  | | | | | | | | | | | | | | | | | | | | | | | | Mobile/Work | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NI Number | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Name | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Unit | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Division | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Site Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hours Worked Per Week | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | If someone works shifts this can be an average over a monthly period. | | | | | | | | | | | | | | | | | | | |
| Are you currently attending college or university? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | |  | | | | | | | NO | | | | |  | |
| **UK/European Economic Area Citizen** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a UK or EEA citizen or do you have the right to abode in the UK? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | |  | | | | | | | NO | | | | |  | |
| Have you been a resident in the EEA for at least 3 years? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | |  | | | | | | | NO | | | | |  | |
| **Additional Support** To help Serco provide the best support for you, please tick the boxes if you consider yourself to have any of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| None | | | | | | | | | |  | | | | | Temporary disability (eg illness/accident) | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Physical condition (eg epilepsy, asthma) | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Autism Spectrum Disorder | | | | | | | | | |  | | | | | Visual impairment | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Hearing impairment | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Asperger’s Syndrome | | | | | | | | | |  | | | | | Profound/complex disabilities | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Emotional/behavioural difficulties | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Severe learning difficulty | | | | | | | | | |  | | | | | Dyslexia | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Dyscalculia | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Dyspraxia | | | | | | | | | |  | | | | | ADHD/ADD | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Mental Health difficulty | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Social and emotional difficulties | | | | | | | | | |  | | | | | Prefer not to say | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Multiple learning difficulties | | | | | | | | | |  | | | | | Mobility difficulty | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Education – More than one option can be ticked** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GCSE’s/O levels | | | | | | 5 or more A – C | | | | | | | | | | |  | | | | | | | | Less than 5 A - C | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Year Ach | | | | | | | |  | | | |
| Maths Grade | | | | | |  | | | | | | | | English Grade | | | | | | | | | | |  | | | | | | | | | | | | | ICT Grade (if App) | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| CSE | 5 or more at Grade 1 | | | | | | | | | | | | |  | | | | | | | | | | | Less than 5 Grade 1 | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Year Ach | | | | | | | |  | | | |
| A/AS Levels | 2 or more A levels or  4 or more AS levels | | | | | | | | | | | | |  | | | | | | | | | | | | 1 A level or 3 or less AS levels | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | Year Ach | | | | | | |  | | | |
| If English, Maths or ICT at A/AS achieved complete grade | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Maths | | | | | | |  | | | | | | | | | | English | | | | | | | | | | |  | | | | ICT | | | | |  | |
| NVQ | Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Level | | | | | | | | | |  | | | | | | | | Year | | | | | |  | | |
| HNC/HND | Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Completed | | | | | | | | | | | | | | | Yes | | | | | | | | | |  | | | | | | | | No | | | | | |  | | |
| Degree | Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Completed | | | | | | | | | | | | | | | Yes | | | | | | | | | |  | | | | | | | | No | | | | | |  | | |
| Other | Title | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Level | | | | | | | | | |  | | | | | | | | Year | | | | | |  | | |
| NONE |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Following Skill Scan Recommended Apprenticeship to be undertaken is:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Line Managers Approval** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I agree to the above staff member undertaking this apprenticeship and will support him/her through their programme. If line manager is available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name Printed | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Position | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If the line manage is not available has the following been actioned? OFFICE USE ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email Sent - Date | | | | | | |  | | | | | | | | | | | | | | | Date Approval Received | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Identification Check – to confirm that the learner is who they say they are** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Identification check completed? | | | | | | | | | | | | | | | | YES | | | | | |  | | | | | | Document Used | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Passport | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Photo Driving Licence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Birth Certificate | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Photo ID Badge | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Other | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Checked By | | |  | | | | | | | | | | | | | | | | | Signature | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | |  | | | | | | |
| **Applicants Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and completed. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be refused or, if already started on the programme will be exited with immediate effect. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Eligibility Confirmation** (to be completed by CSR Assessor) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is learner eligible for programme applied for? | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | |  | | | | | No | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Representative | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Name Printed | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Please return form to Elisa Moores BDM-Healthcare elisa.moores@csr-group.co.uk