

MENTOR TRAINING CENTRE LTD

MODERN APPRENTICESHIP APPLICATION FORM

**PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITAL LETTERS IN BLACK INK,
AND RETURN TO:-**

MENTOR TRAINING CENTRE, 3rd FLOOR, 176 BATH STREET, GLASGOW, G2 4HG

Personal Details

Mr Mrs Miss Ms

Full Name (as printed on Birth/Marriage Certificate):

Previous Name/Maiden Name (if applicable):

D.O.B. Day Month Year
 Age:

Address:

Post Code:

Home Telephone Number:

Mobile Telephone Number:

E-mail:

Preferred Method of contact: SMS Text or Email

National Insurance Number:

Name of Emergency Contact:

Telephone Number:

Relationship:

Education/Qualification/Training

Name of School attended: Leaving Date:

Qualifications achieved (include levels):

Name of College attended:

From:

To:

Qualification Achieved (include levels):

Have you been on a training programme before?

Yes

No

If yes, with which Training Centre:

Type of Training:

From:

To:

SCQF Level Achieved:

None

4

5

6

7

Eligibility Criteria for Public Funding

Are you on any other publicly funded education or training programme or further/higher education course?

Yes

No

Are you an overseas National?

Yes

No

Please provide information about your current employment

Duration with current employer: less than 1 month 1-3 4-6 7-9 10-12 over a year

Duration in current job role with
current employer: less than 1 month 1-3 4-6 7-9 10-12 over a year

What were you doing before you started working for this employer?

Please provide information about previous full/part time employment

Business/Organisation name:

Start & End Dates:

Duties/Tasks undertaken:

Interests/Hobbies

Leisure activities/member of any clubs, programmes, any awards obtained or voluntary service:-

Do you have any allergies or illnesses which could affect the type of work you may do?
(Please provide details)

Data Protection Statement

In compliance with the Data Protection Act 1998, I hereby give my consent for my personal data to be processed, used and disclosed to third parties by Mentor Training Centre Ltd on the understanding that such processing, use or disclosure:-

- Is conducted in a fair and lawful manner and in accordance with the Data Protection Act 1998
- Is for purposes in furtherance of and compatible with my employment and/or training and development objectives
- That appropriate technical and administrative measures shall be taken to prevent unauthorised access to or accidental loss of the data

The information provided on this form is, to the best of my knowledge, true and correct.

I will notify Mentor Training Centre should any of my details or circumstances change during the course of my training

Signed:

Date:

Dental Practice Details

Business/Practice Name:

Address:

Post Code:

Telephone Number:

Supervisors Name:

E-mail address:

Start Date:

How did you hear about us? (tick box/es as appropriate)

Employer

Friend/Other Candidate

Careers/Jobs/Recruitment Event

(specify which event) _____

TV/Radio

(specify which broadcast) _____

Internet Search

Other

(please Specify) _____

National Training Programmes

Equality Monitoring Form

Note to providers:

Guidance for completing this form can be found at the following link: [Equality Monitoring Guidance](#).

This form must be printed out and completed by the participant.

You must ensure that:

- both Sections A and Section B of this SDS National Training Programmes Equality Monitoring Form are given to the participant before asking the participant any of the questions in Section A
- the participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the training provider for inspection

Section A of this form must be securely disposed of immediately once the information has been entered into the FIPS secure recording system.

Section A

National Training Programme	Modern Apprenticeship Graduate Apprenticeship Employability Fund
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Disability

- Do you have an impairment, health condition or learning difficulty?*

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

* lasting or expected to last 12 months or more

- If you have an impairment, health condition or learning difficulty, please select all those on the list that apply.

You have a social/communication impairment such as a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder, or cognitive impairment	<input type="checkbox"/>
You are blind or have a visual impairment uncorrected by glasses	<input type="checkbox"/>
You are deaf or have a hearing impairment	<input type="checkbox"/>
You have a long-standing illness or health condition such as cancer, HIV, diabetes, chronic heart disease, or epilepsy	<input type="checkbox"/>
You have a mental health difficulty, such as depression, schizophrenia or anxiety disorder	<input type="checkbox"/>
You have a specific learning difficulty such as dyslexia, dyspraxia or AD(H)D	<input type="checkbox"/>
You have a physical impairment or mobility issues, such as difficulty using your arms or using a wheelchair or crutches	<input type="checkbox"/>
You have a disability, impairment or medical condition that is not listed above	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Transgender

Have you ever identified as trans or transgender?¹

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

¹ Equality organisations use the terms "transgender" and "trans" as inclusive umbrella terms for a diverse range of people who find their gender identity differs in some way from the sex they were originally assumed to be at birth.

Sexual Orientation

Which of the following options best describes how you think of yourself? (please tick one)

Heterosexual/Straight	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Ethnic Group

What is your ethnic group?

Choose **ONE** section from A to G, then tick **ONE** box which **best describes** your ethnic group or background.

A White

Scottish	<input type="checkbox"/>
Other British	<input type="checkbox"/>
Irish	<input type="checkbox"/>
Gypsy/ Traveller	<input type="checkbox"/>
Polish	<input type="checkbox"/>
Other white ethnic group	<input type="checkbox"/>

B Mixed or multiple ethnic group

Any mixed or multiple ethnic groups	<input type="checkbox"/>
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C Asian, Asian Scottish or Asian British

Pakistani, Pakistani Scottish or Pakistani British	<input type="checkbox"/>
Indian, Indian Scottish or Indian British	<input type="checkbox"/>
Bangladeshi, Bangladeshi Scottish or Bangladeshi British	<input type="checkbox"/>
Chinese, Chinese Scottish or Chinese British	<input type="checkbox"/>
Other	<input type="checkbox"/>

D African

African, African Scottish or African British	<input type="checkbox"/>
Other	<input type="checkbox"/>

E Caribbean or Black

Caribbean, Caribbean Scottish or Caribbean British	<input type="checkbox"/>
Black, Black Scottish or Black British	<input type="checkbox"/>
Other	<input type="checkbox"/>

F Other ethnic group

Arab, Arab Scottish or Arab British	<input type="checkbox"/>
Other	<input type="checkbox"/>

G All ethnic groups

Prefer not to say	<input type="checkbox"/>
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Religion/Belief

What religion, religious denomination or body do you belong to?

None	
Church of Scotland	
Roman Catholic	
Other Christian	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Pagan	
Another religion please specify	
Prefer not to say	

Care Experience

- Have you ever been in care*?

Yes	
No	
Prefer not to say	

* In care means you are or were formally looked after by a local authority, in the family home (with support from social services or a social worker) or elsewhere, for example, in foster care, residential/secure care, or kinship care (with family friends or relatives).

Section B

Privacy Statement

The responses you provide to the questions set out in Section A of this Equality Monitoring Form are required for the following purpose (“Purpose”): -

Under the Equality Act 2010, SDS is required to ensure equality of access to its services. SDS is therefore required to monitor participation within its National Training Programmes by ‘protected characteristics’. ‘Protected characteristics’ are defined in the Equality Act, and include the categories set out in the questions in Section A of the form above. SDS publishes the data in an anonymised form (which does not identify any individual), in accordance with its obligations under the Equality Act.

Under the Children and Young People Act (2014), SDS is listed as a corporate parent and is therefore required to assess the needs of individuals that identify as being from a care experienced background. We gather this information in order to understand how our services are reaching individuals from this background and how we can improve the service we provide to them.

Your responses to the questions in Section A above (“Equalities Monitoring Data”) will be provided to SDS by your Training Provider. SDS shall use your Equalities Monitoring Data only for the Purpose, and shall not disclose your Equalities Monitoring Data to any organisation or individual. Your Training Provider shall securely dispose of Section A as soon as your responses in Section A have been entered into the SDS FIPs secure recording system.

Training Provider to ensure that: -

- both Sections A and Section B of this SDS National Training Programmes Equality Monitoring Form are given to the Participant before asking the Participant any of the questions in Section A,
- the Participant reads and signs the form in this Section B. The completed and signed section B must be retained at all times by the Training Provider for inspection, and
- Section A is securely disposed of as soon as the Participant’s responses in Section A have been entered into the SDS FIPs secure recording system.

Participant Signature	
Print Name	
Date	

Thank you for completing this form