

# GIRLGUIDING

BSEL Registered Charity Number: 293784



## APPLICATION FORM FOR T2G ENROLMENT

*Information from this form will only be used for registering the Candidate with the Learning Skills Council*

**Please complete all sections of the form and use BLOCK CAPITALS**

Full Name of Applicant: .....  
(please tick appropriate box)  Male /  Female

Home Address: .....

..... Post Code: .....

National Insurance No: ..... Date of Birth: .....

Contact Telephone Number: .....

Contact Email: .....

**To help us establish funding sources and allocate the appropriate Level NVQ please complete the following (please tick):**

I am over 19 years of age      How long have you lived in the UK/EU/EEA? ..... years

I confirm that I am not currently on any other government funded training scheme.

Please list below any existing qualifications that you may have (eg: certificates for GCSE; 'O' & 'A' levels; technical/trade certificates; higher education; etc). *Please leave blank if appropriate.*

Are you willing to dedicate some of your own time to achieve this qualification?     Yes     No

How much time per week:     1 hour     2 hours     3 hours     More

Do you have a Mentor:     Yes     No    If so:

Name of Mentor: .....

**CANDIDATE EQUAL OPPORTUNITIES MONITORING**

The Learning & Skills Council (LSC) requires Candidates receiving funding for qualifications to complete the following. This information will be used to monitor the effectiveness of Equal Opportunities Policies.

Name of Candidate: .....

**1 Ethnicity** *(please indicate your ethnicity with a tick):*

- Asian or Asian British – Bangladeshi
- Asian or Asian British – Indian
- Asian or Asian British – Pakistani
- Black or Black British – African
- Black or Black British – Caribbean
- Black or Black British – any other Black Background
- Chinese
- Mixed – White and Asian
- Mixed – White and Black African
- Mixed – White and Black Caribbean
- Mixed – Any other Mixed Background
- White – British
- White – Irish
- White – Any other White Background
- Any other

**2 Learning difficulties**

*Please tick as applicable to you:*

A  I do not consider myself to have a learning difficulty

B  I consider myself to have a learning difficulty

**If you have ticked B, please give further information – I have:**

Moderate learning difficulties                       Severe learning difficulties

Dyslexia     Dyscalculia

Other specific learning difficulty .....

Multiple learning difficulties .....

**3 Disability**

- A  I do not consider myself to have a disability  
B  I consider myself to have a disability

**If you have ticked B, please give further information - I have:**

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition (eg: epilepsy, asthma, diabetes)
- Emotional/behavioral difficulties
- Mental ill health
- Temporary disability after illness/accident
- Profound complex disabilities
- Multiple disabilities

Other.....

**4 Current Employment status**

- Employed     Not Employed

Are you a Volunteer:     Yes     No

Name of your Girlguiding Unit: .....

Post Code of your Girlguiding Unit Meeting Place: .....

**5 Signature of Candidate .....**

*Please return your completed form to:*

**FREEPOST RRYS-HUAE-YJLH**  
Berkshire Scout Enterprises Ltd  
Gravelly Court, Gravelly Bridge Farm  
Grazeley Green Road, Grazeley  
Reading, Berkshire  
RG7 1LG