

SELF-REFERRAL APPLICATION FORM

CONFIDENTIAL

1. Personal Details

Surname:	Residential Address:	
Forenames:		
	Post code:	
E-mail address:		
Contact telephone numbers <i>Please indicate the number you would prefer us to contact you on should we need to.</i>		
Home: <input type="checkbox"/>	Work: <input type="checkbox"/>	Mobile: <input type="checkbox"/>

2. The Proposed Placement

Building Skill			
What traditional building skill are you interested in?			
Please tick one box only			
Stone masonry	<input type="checkbox"/>	Joinery	<input type="checkbox"/>
Blacksmith	<input type="checkbox"/>	Leadwork	<input type="checkbox"/>
Brickwork	<input type="checkbox"/>	Lime plaster	<input type="checkbox"/>
Dry stone walling	<input type="checkbox"/>	Lime mortars	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	Painting and decorating	<input type="checkbox"/>
Earth building	<input type="checkbox"/>	Plumber	<input type="checkbox"/>
Electrician		Stone and slate or clay tile roofing	<input type="checkbox"/>
Fibrous plaster	<input type="checkbox"/>	Thatching	<input type="checkbox"/>
Flint work	<input type="checkbox"/>	Wheelwrighting	<input type="checkbox"/>

Placement Provider	
Have you already found a contractor or organisation that is willing to host a placement?	Yes <input type="checkbox"/> * No <input type="checkbox"/> #
# The Scheme will try to find a suitable placement for each successful application, but cannot guarantee this.	

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***Have you enclosed their Registration and Placement Notification form?
This is available from the Scheme's website.**

Name of Organisation:

Main Operating Address:

Contact Name:

Job Title:

Telephone number:

Post Code:

Fax number:

Main e-mail address:

Website address:

Type of business/ Profession:

Placement Location

**Are you prepared and able to work away from your home?
i.e. staying in accommodation in a location outside of your region or
relocating** Yes No *

**Please give any further details of your circumstances that you think may
affect your ability to relocate or stay away from home**

*** Limiting your application to you local area or region may restrict the
opportunities that the Scheme may be able to offer to you.**

3. Experience

Current or most recent employment

Job Title:

Employer's Address:

Employer's Name:

Work location:

Availability to start:

Post code:

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Previous relevant employment/volunteering (most recent first)				
Employer's name	Employer's address	Position held	From (date)	To (date)

Building skill Qualification or Relevant Experience
<p>Do you have an NVQ level 2 or equivalent in your chosen building skill? Yes <input type="checkbox"/> * No <input type="checkbox"/>#</p> <p>*Please indicate the qualification and enclose a copy of your certificate</p> <p># Please give details of a minimum of 3 years, relevant to your chosen building skill.</p> <p>Please continue onto a separate page if necessary.</p>

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If successful, what do you hope to achieve during this placement?

If successful, what do you aim to do after this placement?

Please continue onto a separate page if necessary.

4. Other information

Eligibility to work	
Do you require a Work Permit to work in England or Wales?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please indicate the type of permit:	
Please provide permit number:	
Please provide the expiry date	

Driving Licence	
Do you hold a current driver's licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please indicate the nature of any current endorsements, excluding speeding offences	

Convictions or offences	
If you have been convicted of any offence this must be disclosed unless it is 'spent' under the Rehabilitation of Offenders Act. Failure to do so could result in termination of the placement. Any information you give here will be treated in confidence and only taken into account if strictly relevant.	
Have you been convicted of any offences?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details	

How did you hear about this training bursary scheme?	
College flyer.....	<input type="checkbox"/>
Internet.....	<input type="checkbox"/>
Publication (Please specify).....	<input type="checkbox"/>
Word of mouth.....	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>
.....	

5. Referees

Please give details of two referees who can provide an evidenced account of your workplace/educational performance, or skills you have displayed in a voluntary capacity. One of these should be your current or most recent employer/voluntary organisation, a university/college tutor or an HR professional from your previous employment.

Referee 1	Referee 2
Name:	Name:
Referee's relationship to you:	Referee's relationship to you:
Address:	Address:
Postcode:	Postcode:
Contact number:	Contact number:
E-mail:	E-mail:
May we contact this referee before interview: Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee before interview: Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Employment and financial status during the Placement

These factors will not be used as part of the applicant selection process, but will be relevant to the bursary allowance amount that is able to be offered and will enable the Scheme to distribute funds fairly.

For the duration of the bursary placement my employment status will be (please indicate one of the following, stating the amount where applicable):

a) Employed/self employed and financially supported: If successful, please indicate the amount of salary to be paid during the placement:	Yes <input type="checkbox"/> No <input type="checkbox"/> £
b) Not financially supported	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Unemployed and not drawing unemployment benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Unemployed and drawing unemployment benefit	Yes <input type="checkbox"/> No <input type="checkbox"/>

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6. Declaration

Please read the Trainee Terms and Conditions document and this declaration carefully before signing it. If you choose not to sign it, we will be unable to process your application.

- 1. I am aware that the Traditional Building Skills Bursary Scheme will create computer and paper records relating to me during the recruitment and selection process which may be retained for a reasonable period of time thereafter for the purpose of administering the scheme. Individual applications will be treated confidentially, although some information will be used to monitor the Scheme's Equality and Diversity policy. The Scheme is subject to the Freedom of Information Act.*
- 2. If I am successfully appointed as a Trainee, I agree to undertake the placement according to the Trainee Terms and Conditions and Placement Specification.*
- 4. I understand that the payment of the bursary allowance will only be made on receipt by the Bursary Scheme Manager of relevant receipts and the relevant Progress Record, authorised by the Placement Supervisor.*
- 5. I declare that the information I have given is, to the best of my knowledge, true and complete.*

Signed..... Date.....

Print Name:.....

Please return the completed form to either:

clara@buildingbursaries.org.uk

or

Bursary Scheme Manager, Traditional Building Skills Bursary Scheme, PO
Box 1179, Tring, HP23 6WR

Applications must reach the above address by the end of the working day on the date stated on the Placement Specification.

Applications received after this time will not be considered.

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EQUAL OPPORTUNITIES MONITORING FORM

The Traditional Building Skills Bursary Scheme is committed to ensuring that all applicants are treated fairly regardless of race, gender, marital status, disability, age, sexual orientation or religion. We therefore welcome applications from all sections of the community.

To help us monitor our performance, we ask you to complete all relevant parts of this page. This information is confidential and used solely for monitoring purposes. We separate this page on receipt of your application form before we consider your application. The form will not be shown to the selection panel and will be destroyed after 12 months.

The information collected on this form will be used to monitor the Scheme's Equality and Diversity policy. The Scheme is subject to the Freedom of Information Act.

Training Bursary Applied for:	
Host Organisation/ Placement Provider	

Ethnic Origin

Please tick the boxes which best reflect your origin.

a)

Asian	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian Indian	<input type="checkbox"/>	Mixed	<input type="checkbox"/>
Asian Pakistani	<input type="checkbox"/>	White	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
		

b)

British	<input type="checkbox"/>	Scottish	<input type="checkbox"/>
English	<input type="checkbox"/>	Welsh	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>

Sex

Female Male

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Age

16-18 19-30 31-40 41-50 51-60 60+

Disability

Do you regard yourself as having a disability? Yes No

If 'Yes' please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs and thus meet our obligations under the Disability Discrimination Act 1995.

For office use only										
Wales	NE			NW			SE		SW	
England	E	EM	GL	NE	NW	S	SE	SW	WM	Y&H
Up-skilling in BHS		Up-skilling in CI			Apprentice		CC		CPD	
Q					NQ					