Ashgate Cottage, Old Brampton, Chesterfield S42 7JE

www.stubbingcourttraining.com email: info@stubbingcourttraining.com Tel: 07894 049647

APPLICATION FORM

Date of application:						
Full name:						
Address:						
Have you been resident in the l	UK for 3 years prio	r to starting the	programme? YES /	NO		
Date of birth:						
National Insurance no.:						
Email address:						
Telephone number (please ind	clude code):					
Mobile number:						
Age:	Height:		Weight:			
Careers Adviser and Office:						
Name of school and year of leaving full-time education:						
GCSE Examination results or grades predicted:						
Any other qualifications:						
Previous experience:						
Ambitions:						
Preferred type of yard:						
Would you live in?	YES / NO					
Do you have any form of tran	sport other than	public?				

What nationality are you? Ethnic Origin - Please tick:				
British (white)	Irish (white)	Any other white		
White & Black Caribbean (mixed)	White & Black African (mixed)	White & Asian (mixed)		
Any other mixed	Indian (Asian & Asian British)	Pakistani (Asian & Asian British)		
Bangladeshi (Asian & Asian mixed)	Any other Asian	Caribbean (Black or Black British)		
African (Black or Black British)	Another other Black	Chinese (Chinese or other ethnic group)		
Any other ethnic group	Not specified			
Please provide details of	relevant background issue	s:		
Do you have any physical o	disabilities or health conditior	s? YES / NO Details:		
Any mental health conditio	ns? YES / NO Details:			
Any learning needs or lear	ning disabilities? YES / NO[Details:		
Are you living in Care? YE	S / NO	re you a Care Leaver? YES / NO		
Are you eligible for the Car	re Leavers Bursary? YES / NO			
Do you have an Education with my consent to share w		If so, I have emailed a copy to SCT		
Are you a Carer? YES / N	O On	On probation? YES / NO		
Any alcohol or drug abuse	problems? YES / NO			
		programme? YES / NO If so, what is provider:		
,	ork with children and vulnera imanded or warned for any c	ble adults. Have you been convicted by riminal offence? YES / NO		
which they occurred, or any your name and attach this	y allegations made against y	es, penalties, dates and country in ou, in a sealed envelope marked with form. Answering 'yes' will not with horses.		
Vaccination details:				
NB: It is of great importanc date.	e when working with horses t	hat your Tetanus vaccinations are up to		
Name and telephone nun	nber of Doctor:			
Parent / Guardian details	: Name(s) in capitals:			
Contact numbers in case o	f emergency 1)			
2)				
Address:				
Preferred Start Date:				
How did you hear about i	us? SCT's Website □ l	.eaflet □ School / Careers □		
		eaflet □ School / Careers □ lease state name:		

Please email back this form with a photograph of the photo page of your passport / Birth certificate and the Applicant Agreement slip. I agree to the contents of this Application Form being shared with potential employers:

YES / NO (please delete).