



26394

PROTECT (PERSONAL) WHEN COMPLETED



BTEC LEVEL 2 APPLICATION FORM (Overseas) Public Services and Music

Complete the form in BLACK ink, using CAPITAL letters. This form will be scanned and interpreted electronically. Care taken when completing this form will significantly improve the accuracy of your stored information.

VQF1(OS)
Rev May 12
Page 1 of 2

Write clearly with each number or letter entirely within the box provided. e.g. Mark choices clearly with a 'blob' e.g.

H	O	W	A	R	D				
---	---	---	---	---	---	--	--	--	--

Cadet Unit or other Organisation Name:	CVQO Use Only:
--	----------------

Surname / Family Name:	Previous CVQO Reg No: (if known)
------------------------	----------------------------------

Previous Surname / Family Name (if any):	Gender:
--	---------

Forename(s) / Given Name(s):	Date of Birth: (e.g. 4 July 1996 = 04/07/96)
------------------------------	--

Preferred Forename / Given Name: (eg: Fred, Matt, Liz, Sam)	Age at last birthday:
---	-----------------------

Number or Name of House or Flat: (eg: 3a; Flat 4; 65; High Farm)	Postcode:
--	-----------

Write Full Address:

Current / Last School Attended:

Name:

Town:

Date Left: (if applicable) / /

Email Address:

Home Phone Number:

Mobile Phone Number:

Qualification applied for:

BTEC Level 2 in Public Services

BTEC Level 2 in Music

Chosen Instrument (Music Award):

CVQO Use Only

(PS) (MU) Instrument

Qualifications (mark most advanced level passed and most advanced level predicted only)

Held	Predicted
<input type="checkbox"/>	<input type="checkbox"/> 1 - 4 GCSEs/O Levels grades A*-C OR any GCSEs/O Levels grades D-G OR 1 AS Level
<input type="checkbox"/>	<input type="checkbox"/> 5 or more GCSEs/O Levels grades A*-C OR 2-3 AS Levels OR 1 Advanced Level
<input type="checkbox"/>	<input type="checkbox"/> 4 or more AS Levels OR 2 or more Advanced Levels
<input type="checkbox"/>	<input type="checkbox"/> None of the listed qualifications held

(may be studying towards any of them)

THIS FORM MUST BE SIGNED ON PAGE 2 BY THE APPLICANT AND COUNTERSIGNED BY THE VQ OFFICER

26394

PROTECT (PERSONAL) WHEN COMPLETED





26394

Ethnicity:

Choose one option that best describes your ethnic group or background

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller
- Any Other White background

Mixed / Multiple Ethnic Groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any Other Mixed / multiple ethnic background

Asian / Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any Other Asian background

Black / African / Caribbean / Black British

- African
- Caribbean
- Any Other Black / African / Caribbean background

Other ethnic groups

- Arab
- Any other ethnic group
- I do not wish to give this information

Learning Difficulty: (choose one)

Do you consider that you have a learning difficulty?

- Moderate learning difficulty
- Severe learning difficulty
- Dyslexia
- Dyscalculia
- Other specific learning difficulty
- Autism spectrum disorder
- Multiple learning difficulties
- Other
- No learning difficulty
- I do not wish to give this information

Disability: (choose one)

Do you consider that you have a disability or health problem?

- Visual impairment
- Hearing impairment
- Disability affecting mobility
- Other physical disability
- Other medical condition
(For Example Epilepsy, Asthma, Diabetes)
- Emotional / behavioural difficulties
- Mental health difficulty
- Temporary disability after illness or accident
(For Example Post-Viral)
- Profound complex disabilities
- Aspergers syndrome
- Multiple disabilities
- Other
- No disability
- I do not wish to give this information

Education / Employment:

Are you (choose one):

- In full time education or training?
- Employed 16 hours per week or more?
- In part time employment? (under 16 hours)
- None of the above

Residence: (choose one)

Where have you been normally resident for the past 3 years?

- Cayman Islands
- Trinidad & Tobago
- St Lucia
- St Vincent & the Grenadines
- Other country

(specify) _____

CVQO Use Only

Res

Nat

How we use your personal information:

CVQO collects information about learners for various administrative, academic and health & safety reasons. The Data Protection Act of 1998 requires us to obtain your consent before we can do this and, since we cannot operate without processing information about you, we are unable to register you for any qualification unless you give us your consent to process your data. Therefore, by signing this Application Form, you consent to CVQO processing personal data contained in this form and any other data which we obtain from you or any other source whilst you are registered with CVQO.

Mark any of the following boxes if you do not wish to be contacted:

- About courses or learning opportunities
- For surveys and research
- By post
- By phone
- By e-mail

THE APPLICANT AND VQ OFFICER MUST BOTH SIGN BELOW BEFORE THIS FORM IS SUBMITTED TO CVQO

I certify that:

- The information in this form is correct
- I have read the notice above about how my information will be used
- The requirements for the qualification/award which I am applying for have been explained to me and I accept the associated conditions and responsibilities

VQ Officer's Signature:

Name:

Applicant's Signature:

Date:

26394

