

# TRAINING APPLICATION FORM ESF/AEB FUNDING

If you are handwriting this form, please use BLOCK CAPITALS



## EMPLOYER DETAILS

Business name	Group name (if applicable)	No. of employees
Site address		
E-mail		
Line Manager Name	Line Manager Phone	Employer's signature
		Date

## CANDIDATE DETAILS

First name		Last name		Home Postcode
Date of birth	NI number		Job Title/Role	
Candidate mobile phone number		Candidate email address		
Course required			Level	Gender
First name		Last name		Home Postcode
Date of birth	NI number		Job Title/Role	
Candidate mobile phone number		Candidate email address		
Course required			Level	Gender
First name		Last name		Home Postcode
Date of birth	NI number		Job Title/Role	
Candidate mobile phone number		Candidate email address		
Course required			Level	Gender
First name		Last name		Home Postcode
Date of birth	NI number		Job Title/Role	
Candidate mobile phone number		Candidate email address		
Course required			Level	Gender

Please make sure you have read the terms on page 2

Return to: info@cqmlearning.co.uk f: 0114 281 5785 or CQM Learning, 3 Westbrook Court, Sharrow Vale Road, Sheffield S11 8YZ

## TERMS

TERMS 1. E-mail addresses and National Insurance Numbers must be brought to the induction. 2. Learners must be 19 years of age and born before 01/09/2001; and have been resident in EU for the last 3 years with the right to claim public funds for training. 3. Learners must not currently be enrolled on an apprenticeship programme or other funded training course. 4. Learners can only apply for one funded course at a time. 5. There are no fees for undertaking the course, however if the learner withdraws or fails to complete the course, a £125 fee will be charged by the provider to that learner to cover administration costs. 6. Courses and funding are available on a first-come, first-served basis; completing this application form does not guarantee your place on a course, so please apply early to maximise your chances of securing the training you would like. 7. By completing this form you confirm that a: the employees named are willing to participate in the course, b: they will be expected to complete it once enrolled, and c: that you have permission to pass on your employees' personal data to be shared with CQM and relevant third parties, for the purpose of completing the course.

Call CQM on 0114 281 5761 for any further information.