

# APPLICATION FORM

## ILM Diploma Level 7 – Leadership & Management

Please complete this form in **FULL**, in **BLOCK CAPITALS** and **BLACK INK**

### Personal Details

1. Please complete your personal details below

First Name/s:	First Name	Surname:	Surname
Title (Mr/Mrs/Miss etc...):	Title	Previous Name/s: (i.e. maiden name/change of name etc..)	Previous Name
Preferred Name: (i.e. name you would like on your certificates, if different)	Name		
NI Number:	NI Number	Date of Birth (DD/MM/YY):	DD/MM/YY
House Number/Name & Street Name:	Address	Town:	Address
County: (e.g. West Mids)	County	Post Code:	Post Code
Home Tel. No:	Tel No	Mobile No.:	Mobile
E-mail Address:	Email		
Time spent at Current Address: (e.g. 3 years)	Years	Gender (please ✓):	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Ethnicity** (Please ✓ ONE from below)

White	Mixed / Multiple Ethnic Group	Asian / Asian British
<input type="checkbox"/> English / Welsh / Scottish / Northern Irish / British	<input type="checkbox"/> White and Black Caribbean	<input type="checkbox"/> Indian
<input type="checkbox"/> Irish	<input type="checkbox"/> White and Black African	<input type="checkbox"/> Pakistani
<input type="checkbox"/> Gypsy or Irish Traveller	<input type="checkbox"/> White and Asian	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Any Other White background	<input type="checkbox"/> Any Other Mixed / Multiple ethnic background	<input type="checkbox"/> Chinese
<b>Black / African / Caribbean / Black British</b>	<b>Other Ethnic Group</b>	<input type="checkbox"/> Any Other Asian background
<input type="checkbox"/> African	<input type="checkbox"/> Arab	<input type="checkbox"/> Prefer not to say
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Any Other Ethnic Group	
<input type="checkbox"/> Any other Black / African / Caribbean background		

### Health

Do you consider yourself to have any disabilities, health problems or learning difficulties? (if yes, please specify below) Yes  No

<input type="checkbox"/> 1 Visual impairment	<input type="checkbox"/> 8 Severe learning difficulties	<input type="checkbox"/> 15 Other physical disability
<input type="checkbox"/> 2 Hearing impairment	<input type="checkbox"/> 9 Dyslexia	<input type="checkbox"/> 16 Other specific learning difficulty (e.g. dyspraxia)
<input type="checkbox"/> 3 Disability affecting mobility	<input type="checkbox"/> 10 Dyscalculia	<input type="checkbox"/> 17 Other medical condition (e.g. epilepsy, asthma, diabetes)
<input type="checkbox"/> 4 Profound complex disabilities	<input type="checkbox"/> 11 Autism spectrum disorder	<input type="checkbox"/> 18 Other learning difficulty
<input type="checkbox"/> 5 Social & emotional difficulties	<input type="checkbox"/> 12 Asperger's syndrome	<input type="checkbox"/> 19 Other disability
<input type="checkbox"/> 6 Mental health difficulty	<input type="checkbox"/> 13 Temporary disability after illness or accident	<input type="checkbox"/> 20 Prefer not to say
<input type="checkbox"/> 7 Moderate learning difficulties	<input type="checkbox"/> 14 Speech, Language & Communication Needs	

From the list above please tell us which number you think is the most important to you and affects you most in your education Number

Please provide below any further information you think we may need to know regarding your disabilities, health or learning difficulties

Note: Please include any medication you require for the conditions specified above as well as the frequency and any special requirements

Click or tap here to enter text.

### Education and Training

2. Please tell us about your highest level of education or qualifications you have achieved or undertaken to date

Subject	Grade / Level	Where did you achieve this?	Date Completed (DD/MM/YY)
Subject	Grade	Where did you achieve this	Date

Undertaking a Level 7 qualification study is a significant commitment. In the event that you do not have a Level 5 qualification or a first degree, we need you to identify that you are able to engage in study at this level. You should therefore be prepared to complete a written/verbal analysis of your professional role.

(a) Please list any non-accredited/in-house learning in Management, Business or Finance

Subject	Grade / Level	Where did you achieve this?	Date Completed (DD/MM/YY)
Subject	Subject	Subject	date
Subject	Subject	Subject	date
Subject	Subject	Subject	Date

### Finance

3. We need to understand how you will finance this course

(a) Qualification Name & Level

ILM Level 7 Diploma in Leadership in Management

(b) How do you intend to pay for the course?

Full payment  
upfront (1)

Monthly Standing Order (2)

### Current Employment Status

4. As you are currently employed, we need to understand your current role further.

(a) What is the name of your current job title?

Job Title

(b) How long have you been in your current job role?

Length time in job

(c) Please tell us how you think this course will benefit you?

Click or tap here to enter text.

### Use of Data

The information you provide may be shared with other organisations for education, training, employment and well-being related purposes, including for research. This will only take place where the law allows it and the sharing is in compliance with data protection legislation. The English European Social Fund (ESF) Managing Authority (or agents acting on its behalf) may contact you in order for them to carry out research and evaluation to inform the effectiveness of training.

You may be contacted during your programme to obtain feedback on your progress and the performance of your delivery partner, as well as after you have completed your programme to establish whether you have entered employment or gone onto further training. For other purposes, detailed below, you can opt in by ticking either of the following boxes (a) and telling us how you prefer to be contacted (b).

(a) Please tell us if you agree to be contacted for either of the following:

Courses & Learning Opportunities

Surveys & Research

(b) Where you agree to be contacted for the above (courses and/or surveys), please tell us how you would like to be contacted (tick all that apply):

Post

E-mail

Phone Call

SMS/Text

Further information about use of or access to your personal data, and details of organisations with whom we regularly share data are available at <https://www.gov.uk/government/publications/sfa-privacy-notice>

**Learner**

- I confirm that I have read, agree and been given a copy of the PMA privacy notice
- I confirm that I have read, agree and been given a copy of the LRS privacy notice
- I confirm that all the information on this form is correct and I understand that if I have declared false information the provider may take action against me to reclaim the tuition fees and any support costs provided.

Learner Signature:

Learner Name:

Name

Date:

Date

**PMA**

- I confirm that the information on this form is correct and I declare that I have supported the learner in the completion of this document. To the best of my knowledge, the above-named learner is eligible to enter the training programme.
- I also declare that I have seen evidence to support the eligibility and residency criteria for this applicant.

PMA Signature:

PMA Name:

Name

Date:

Date

**Internal Use Only**

(b) Qualification Start Date (DD/MM/YY)

enter a date.

(b) Qualification Expected Completion Date (DD/MM/YY)

enter a date.

## Privacy Notice

This statement is intended to provide you with information as to how PMA will collect and use your personal information and data, and how you can exercise choice in respect of the use of your personal data.

### Why are we processing your personal information?

You may have already been told about the specific purposes for which we are processing your personal information, as well as the 'legal' or 'lawful' basis for that processing (the justification under current data protection legislation). Most of your information is processed due to contractual requirements with our educational contracts, in a small number of instances we may also collect personal information to allow us to perform our 'official functions' as a government funded training provider.

### How will we use your personal information?

We will generally use your personal information to provide you with the services, products or information you have requested from us. We may need to share your information with our service providers for these purposes, but we will ensure that appropriate contracts with these parties are in place and they only process your information in accordance with our instructions and data protection legislation.

The personal information we collect includes:

- your personal details (such as name, D.O.B, NI, etc)
- your address and contact details
- your employment status & details
- your educational background
- your household situation
- your programme details including participation, progression and achievement data

In some instances this will include sensitive information such as:

- sex life
- race or ethnic origin
- physical or mental health
- criminal record (where applicable)

### How will we collect your personal information?

PMA will collect your personal information from a range of sources which may include:

- Application Forms
- Personal Learning Record (PLR)
- Learning Plans
- Training registers/logs/progress reviews
- VLE Learning Platform
- On-line portfolio

### How will we share your personal information?

All organisations that have control of the personal data about you and that we store in our systems are required to be registered with the Information Commissioners Office (ICO) and to handle your personal information in accordance with the latest data protection legislation.

We may at times need to share limited information with other educational organisations to ensure the eligibility for the programme and the personal data exchanged will be kept to a minimum. At no time will your personal information be passed to any organisations for marketing or sales purposes.

### How long we will keep your data?

We will only keep your personal information for as long as we need it after which it will be securely destroyed. Your personal information stored in our systems will be destroyed in line with contractual requirements, which will differ dependant on the funding. We may need to keep your other personal information where held indefinitely for research and statistical purposes.

### What are your data protection rights?

You have the right:

- To receive a copy of your information
- To ask us to correct any errors
- To delete it once we no longer need it
- To ask us to stop using your information in a certain way
- To ask for certain information in a portable, electronic format
- To object to certain uses of your information (for example, marketing and automatic profiling or decision making)