

# Trainee Application form registration

**This form must be signed by:**

- The parent or guardian if participant is under 18 years of age.
- The participant if he/she is over 18 years of age

## PART A: PERSONAL CONTACT INFORMATION

Name	
Address	Address: Postcode
Date of Birth	
Email Address	
Mobile Number	
Next of Kin details – phone number	Name: Relationship: Phone:
Medical Conditions / Disability and/or allergies	
Other information e.g young carer / LAC	
Welsh speaking?	YES / NO Level: BASIC / INTERMEDIATE / ADVANCED
Any Other relevant information.	T-Shirt Size: Swimming: Good / OK / Poor Dietary requirements:

I acknowledge receipt of and understand the information will be used for the purposes of recording and monitoring NLHF funded activities.

**PART A/C:** The information disclosed in this form will be recorded on an internal Hwb database and will not be given to any outside parties. The personal contact information will only be used for project staff to contact the individual in regard to the activity they are engaged within.

**PART B:** Demographic information will be kept for the duration of the NLHF project and will be destroyed no later than 2025. The information will be separated from any personally identifying features and used to monitor and evaluate engagement trends.

I give permission for the information on this form to be used for monitoring, evaluation and contact as detailed above. **YES / NO**

I give permission that photographs, video and/or other media taken during this activity can be used for publication on, but not limited, to our social media outlets. **YES / NO**

Signed \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Participant (if applicable/under 18) \_\_\_\_\_

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_



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## PART B: ETHNOGRAPHIC INFORMATION (all questions are optional)

**AGE:** What is your age group?

0-10                  11-17                  18-25                  26-34                  35-45                  46-65                  65+

**DISABILITY:** Do you consider yourself to be disabled under the Equality Act 2010? Please circle.

YES                  NO                  PREFER NOT TO SAY                  DON'T KNOW

If YES, please circle; otherwise proceed to the next section.

- |   |                                       |
|---|---------------------------------------|
| A | Hearing impairment                    |
| B | Visual impairment                     |
| C | Speech impairment                     |
| D | Mobility impairment                   |
| E | Physical co-ordination difficulties   |
| F | Reduced physical capacity             |
| G | Severe disfigurement                  |
| H | Learning difficulties (e.g. dyslexic) |
| I | Mental ill health                     |
| J | Progressive conditions                |
| K | Other (please specify)                |

## ETHNIC ORIGIN

- |     | COLUMN A                 | COLUMN B   |
|-----|--------------------------|--|
|     |                          | <b>ASIAN</b>                                     |
| (A) | British or Mixed British | (A) Bangladeshi                                  |
| (B) | English                  | (B) Indian                                       |
| (C) | Irish                    | (C) Pakistani                                    |
| (D) | Scottish                 | (D) Any other Asian background (please specify)  |
| (E) | Welsh                    | <b>BLACK</b>                                     |
| (F) | Any other?               | (E) African                                      |
|     |                          | (F) Caribbean                                    |
|     |                          | (G) Any other Black background (please specify)  |
|     |                          | <b>CHINESE</b>                                   |
|     |                          | (H) Any Chinese background (please specify)      |
|     |                          | <b>MIXED ETHNIC BACKGROUND</b>                   |
|     |                          | (I) Asian and White                              |
|     |                          | (J) Black African and White                      |
|     |                          | (K) Black Caribbean and White                    |
|     |                          | (L) Any other Mixed ethnic background            |
|     |                          | <b>WHITE</b>                                     |
|     |                          | (M) Any White background                         |
|     |                          | <b>ANY OTHER ETHNIC BACKGROUND</b>               |
|     |                          | (N) Any other ethnic background (please specify) |

**SEX:** Please state your sex (the one you were assigned at birth)

Female



Male



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**GENDER:** Please state your gender

Female                      Male                      Other (please state)

**SEXUAL ORIENTATION**

Which group do you most identify with? The options are listed alphabetical order.

- (A)                      Bi-Sexual
- (B)                      Gay woman/lesbian
- (C)                      Gay man
- (D)                      Heterosexual/straight
- (E)                      Other
- (F)                      Prefer not to say

**RELIGION OR BELIEF:** What is your religion or belief (including non-belief)? Please circle

- |                        |                              |
|------------------------|------------------------------|
| Agnostic               | Jewish                       |
| Muslim Pagan           | Atheist                      |
| Bah'ai                 | Rastafarian                  |
| Buddhist               | Scientologist                |
| Christian – Catholic   | Shinto                       |
| Christian – Protestant | Zoroastrian                  |
| Christian – Other      | No religion or belief        |
| Hindu                  | Prefer not to say            |
| Humanism               | Sikh                         |
| Jain                   | Any other religion or belief |

**WORK STATUS:** What is your work status? Please circle.

- Higher managerial and professional occupations
- Intermediate occupations
- Lower supervisory and technical occupations
- Routine occupations
- Lower managerial
- Small employers and own account workers
- Semi-routine occupations
- Long-term unemployed/never worked
- Student

**ADVERTISING EFFECTIVENESS**

- Newspaper
- Website: Please specify from which websites:
- Social Media
- Presentation:    School                      Other
- Job Centre
- Word of Mouth



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## PART C: Application

**Please list any relevant experiences, education, skills and qualities that you have that would make you suitable for this role (use separate sheet if appropriate):**

**Why do you want to be a World Heritage Trainee?**

**Please give detail of any convictions or criminal offences that may impact upon your ability to work with children and/or young people:**



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WORLD HERITAGE  
**YOUTH**  
AMBASSADORS

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## References

Please provide details for 1 referee to support your application (this can-not be a family member).

Referee #1 Name:

Referee's Address and contact Telephone Number:

**Thank you for completing this application form.**

Please return completed applications to: **The Hwb Torfaen. 69-70 broad Street, Blaenavon. NP4 9NH, or via email to [Ashleigh.taylor@thehwb.org](mailto:Ashleigh.taylor@thehwb.org)**

Should you have any questions regarding this application, please do not hesitate to contact: [ashleigh.taylor@thehwb.org](mailto:ashleigh.taylor@thehwb.org)

