

## Retrofit Bootcamp Referral Form

### Section 1: Personal Details

Forename(s)			
Surname			
DOB			
Address 1			
Address 2			
Town/ City			
County			
Postcode			
Email Address			
Telephone No. 1			
Telephone No. 2			
National Insurance no.			
UK ID Card no. (if awaiting a National Insurance no.)			
Housing Status	Private Rental	Social Housing	Home Owner
Social Housing Resident? State Landlord			
What is your shoe size?			

### Section 2: Ethnicity

Tick which ethnic group you belong to:			
Asian/ Asian British		Mixed/ Multiple ethnic groups	
Black/ African/ Caribbean/ Black British		White	
Other Ethnic Group		Prefer not to say	

### Section 3: Gender

Are you:			
Male		Female	Prefer not to say

### Section 4: Additional Needs and Information

Please circle the answer that applies to you for each item			
Do you consider yourself to have a learning difficulty and/or disability and/or long-term health problem?	Yes	No	Prefer not to say
If you have answered yes, what do you consider your primary disability or long-term health condition to be?			
Do you have caring responsibilities for children or other adults	Yes – adults	Yes – children	No
Are you currently Not in Education, Employment or Training (NEET) and aged 16-24?	Yes	No	Prefer not to say
Do you have history of homelessness?	Yes	No	Prefer not to say
Are you an ex-offender?	Yes	No	Prefer not to say
Do you have any unspent convictions?	Yes	No	Prefer not to say
Are you a care leaver?	Yes	No	Prefer not to say
Are you a military service leaver?	Yes	No	Prefer not to say

### Section 5: Education

Tick the highest Level of Educational attainment you have:			
No Qualifications		Entry Level/ Other qualifications below level 1	
Level 1 (NVQ/ Vocational at level 1/ GCSEs at Grade D-G or 1-3)		Full Level 2 (NVQ/ Vocational at level 2/ GCSEs Grade A* - C or 4-9)	
Full Level 3 (NVQ/ Vocational at level 3/ AS and A Level/ Advanced Diploma)		Level 4 (NVQ at level 4/ HNC)	
Level 5 (Foundation degree/ HND/ DipHE/ NVQ at level 5)		Level 6 (Bachelor's degree/ NVQ at level 6)	
Level 7 (Master's degree/ NVQ at level 7)		Level 8 (Doctorate or PhD)	

### Section 6: Employment

Tick your employment status at the time of enrolment:			
Unemployed – Short Term (6 months or less)		Unemployed – Long Term (Over 6 Months)	
Employed Part-time		Employed Full-time	
Casual Work (E.g. Zero Hours contract)		Self Employed	

Job Title of most recent or current occupation	
If this was your most current occupation, what date did you leave this role?	____ / ____ / _____

If you are currently working, do you plan to continue to work whilst you are taking part in the Bootcamp?	Yes	No
---	-----	----

### Section 7: CSCS Card

Do you hold a current CSCS Card?	Yes	No
If yes, what is the CSCS Individual Registration Number:		
What job role/s are you interested in?		

### Section 8: Privacy Statement

I understand that the information I have provided above will be recorded and processed by Procure Plus (includes Procure Plus Holdings Limited and its subsidiary companies, which at the time of writing, include Osco Homes Limited and Re:vision North Limited) manually and/or electronically, in accordance with the General Data Protection Regulations (EU) 2016/679 and any national implementing laws, regulations and secondary legislation, as amended or updated from time to time in the UK and the principles contained therein, and give my consent to PPH and Re:vision to collect and process this data. Re:vision is committed to providing training opportunities to people and the information collected will be used to report progress on social value and regeneration commitments to partners. As part of this project, your information will also be shared as detailed in the North West Skills Academy Learner Agreement which you will receive by email.

If you decide not to go forward with this opportunity and do not meet with Procure Plus Holdings (PPH) or Re:vision North Limited (Re:vision) this form and your data shall be deleted.

**CANDIDATE – PLEASE TICK TO CONFIRM – I confirm that I have been given a copy of the privacy notice explaining why my data is collected, what it is used for, how I can get copies of this data and how I may withdraw my consent.**

### Section 9: Declaration

I confirm that the information I have provided is to the best of my knowledge complete and correct. I understand the information provided and agree to abide by the policies of the provider.

Learner Signature	
Date:	

**FOR Referrer/Hub/Provider use ONLY**

Name			
Signature			
Contact Number			
Job title			
Organisation name			
Date:		Trainee CSF Start Date: (Procure Plus USE ONLY)	

**Referring organisation MUST tick an option to confirm:**

<input type="checkbox"/>	We HAVE a formal data sharing agreement in place with Procure Plus
<input type="checkbox"/>	Electronic and paper copies of this form will be deleted immediately following confirmation of receipt from Procure Plus
<input type="checkbox"/>	Form completed by Procure Plus / Re:vision staff

**Please send completed form to us at [bootcamp@procure-plus.com](mailto:bootcamp@procure-plus.com)**