

Thank you for your interest in our

“A Look through the Employer’s EYE”

Employability Consultation&Training Program.

We are glad to submit to you information about our consultation&training profile for “A Look through the Employer’s Eye” (training hereinafter).

If you have any further queries, please do not hesitate to contact us.

Your contact: Elizabeth Ovari, Marketing & Controlling Officer, Prentis Solutions
elizabeth@prentissolutions.com

Prentis office: 020 8427 4445, 0870 919 4839

You may also visit our website:

- <http://www.prentissolutions.com/candidates/employability-skills> - for details on the training
- <http://www.prentissolutions.com> – for general information about the company

Prentis’ Corporate Social Responsibility (CSR) programme is designed to improve the career opportunities of those faced with various hurdles, who wish to improve their prospects. One of the modules of our CSR programme is the serial of 4-hour, highly interactive job seeker seminars aimed at **improving the job hunting approaches and employability skills** of the participants. Our trainers are senior recruitment consultants working in the field of organisation development. They represent “the other side”, the employer searching for the right person and the competitive price (i.e. income, from the point of view of the job seeker). These are specialists who know precisely the desired characteristics of a high value candidate, and are ready to help you become one.

We look forward to meeting you at our training.

Sincerely yours,

Shau Match
Director
Prentis Solutions Limited

“A Look through the Employer’s EYE” Registration Form

Section A - Personal Details

Please give all names EXACTLY as it appears on your ID

Surname: Male

Forename 1: Female

Forename 2:

Date of birth (DD/MM/YYYY):

/ /

Permanent UK address for correspondence:

Address Line 1:

Address Line 2:

Address Line 3:

Town/City:

Postcode:

Preferred phone number:

.....

Home/Private / Work

Email address:

FOR OFFICIAL USE ONLY
 Registration date/CODE:
 Date of Training:
 Signed by the Head of Training:

Closest Available Dates
 Please, tick each suitable day!

Saturday, 26 August, 2017

Saturday, 2 September, 2017

Saturday, 9 September, 2017

Section B – Language Group

Your native language:

Level of English (if not native): Intermediate Advanced Fluent

Section C – Signature

“I wish to register for Prentis’ Employability Training.”

“I accept the £40 participation fee, which is due within 5 days of registration.”

“Under the Data Protection Act, I accept that the information provided on this form may be processed and passed for legitimate purposes connected with my training.”

“I give my consent to be contacted by Prentis Solutions Limited with regards to job openings fitting my qualifications/skills.”

PLEASE NOTE THAT APPLICATION FORMS WHICH HAVE NOT BEEN SIGNED AS INDICATED BELOW WILL BE DISREGARDED.

First name, surname (BLOCK CAPITALS):

Signature: Date (DD/MM/YYYY): / /

Please, return the form and supporting documents to
training@prentissolutions.com or the address below.

Equal Opportunities Monitoring Form

Prentis is committed to equality of opportunity and promoting diversity. To help us monitor the effectiveness of our Equal Opportunities Policy, we would be grateful if you can complete the questions on this monitoring form and return it to Prentis representative who has provided this form. The information you provide will be treated in strictest confidence under the Data Protection Act 1998.

Age 16-24 25-29 30-34 35-39 40-44 45-49
 50-54 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please, tick the appropriate box.

White

English Welsh Scottish Northern Irish Irish
 British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian
 Prefer not to say

Any other mixed background, please write in:.....

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say

Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say

Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

What is the effect/impact of your disability or health condition on your ability to give your best at work?

Please write in here:.....

What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual

Prefer not to say If other, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say

If other religion or belief, please write in:

What is your current working pattern?

Full-time Part-time Prefer not to say

What is your flexible working arrangement?

None Flexi-time Staggered hours Term-time hours
Annualised hours Job-share Flexible shifts Compressed hours
Homeworking Prefer not to say If other, please write in:

.....

Do you have caring responsibilities? If yes, please tick all that apply

None Primary carer of a child/children (under 18)
Primary carer of disabled child/children Primary carer of disabled adult (18 and over)
Primary carer of older person Secondary carer (another person carries out the main caring role)
Prefer not to say

Thank you!