

# Certificate for IT Users (ITQ Level 1)

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## Application Forms

These forms are to apply for funding to join the SkillsGen programme for the above qualification. This funding is provided by the Learning and Skills Council, through Blue Orchid. The application forms reflect this. SkillsGen is the programme deliverer.

Before you start, please check your eligibility for the funding.

You must:-

1. be at least 19 years of age when starting the programme
2. be in employment and the employer location must be in one of the following areas :-
  - a. Merseyside
  - b. Cheshire
  - c. Halton
  - d. Warrington
  - e. Lancashire
3. not be an experienced user of a PC. For guidance, you must not have any existing IT qualification(s)

Note: There are no restrictions on size or type of employer

If you satisfy the above then please print and complete the following forms – we can only accept original, signed documents as valid applications. They must be signed by yourself and your employer and please note that you each have to sign twice!

Then email [Karen@skillsgen.com](mailto:Karen@skillsgen.com) (T: 0151 221 3529) to tell us that you are applying and post the completed forms to :-

ITQ: SkillsGen  
1 Faraday Rd  
Wavertree Technology Park  
Liverpool, L13 1EH

We shall get back to you to confirm your funding and arrange for you to start the programme.

Best wishes

*Karen*

# Support Programme



## Application & Declaration with Outcome Form

The programme is supported by The Learning & Skills Council North West and EU

Programme Area	Merseyside	North West		
		Cheshire	Halton	Lancashire

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### Personal Details

First Name:		Surname:	
Date Of Birth:		Gender:	
National Insurance No			

Home Address:	
Postcode:	
Telephone Number:	
Mobile Telephone Number:	
E-mail Address:	



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### Please Could You Describe your Ethnicity?

	Ethnicity	✓
11	Asian or Asian British – Bangladeshi	
12	Asian or Asian British – Indian	
13	Asian or Asian British – Pakistani	
14	Asian or Asian British - any other Asian background	
15	Black or Black British – African	
16	Black or Black British – Caribbean	
17	Black or Black British - any other Black background	
18	Chinese	
19	Mixed - White and Asian	
20	Mixed - White and Black African	
21	Mixed - White and Black Caribbean	
22	Mixed - any other Mixed background	
23	White – British	
24	White – Irish	
25	White - any other White background	
98	Any other	
99	Not known/not provided	

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### What is your Highest Qualification?

No qualifications	<input type="checkbox"/>	Degree / NVQ 4	<input type="checkbox"/>
Basic skills / NVQ 1	<input type="checkbox"/>	MA / MSc / NVQ 5	<input type="checkbox"/>
GCSE / NVQ 2	<input type="checkbox"/>	Other – Please describe:	<input type="checkbox"/>
A Level / NVQ 3	<input type="checkbox"/>		
Please state College or University attended.....			

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### IT Skills Level and Usage?

How often do you use the following:	Never	A little	Often	All the Time
Computers				
The Internet				
Word processing packages				
Spreadsheets like Excel				
Databases				
Accountancy Packages				
Other software – CAD, web design etc,				

What version of Office do you regularly use (2003 or 2007)? \_\_\_\_\_

**Do you have a long-term health problem or disability?****Health And Disability**

The definition of disability includes people with physical, mental or sensory impairments who experience or who have experienced restrictions or discriminations in taking part fully in the mainstream of society. For example, they may have been disabled by the lack of access in a built environment, segregated services, restricted employment opportunities, lack of access to information, which exclude them from taking part independently or fully in everyday life.

Do you consider yourself to be a disabled person?      Yes       No

If yes please specify below:

- |  |  |
|--|--|
| <input type="checkbox"/> Blind / Partially Sighted | <input type="checkbox"/> Mental Health Issues    |
| <input type="checkbox"/> Deaf / Hearing Impaired   | <input type="checkbox"/> Long Term Health Issues |
| <input type="checkbox"/> Learning Disability       | <input type="checkbox"/> Multiple Disability     |
| <input type="checkbox"/> Physical Disability       | <input type="checkbox"/> Other, please specify   |
| <input type="checkbox"/> Refused / Not Known       |  |

In order for us as a training provider to meet your individual needs, please state if you have any special requirements that we need to be made aware of. (e.g. dietary needs, epileptic, dyslexic, any special learning needs, etc.)

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**Job Title and Employer Name**

My employer wishes me to undergo this training and has offered me time to complete my training: **Yes / No**

What is your Job Title?	
What is the name of Your Employer ?	
Employer Address & Post Code	
Employer Contact Name	
Employer Phone	

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**Where did you hear about the Support Programme?**

<input type="checkbox"/> Website	<input type="checkbox"/> Newspaper or leaflet
<input type="checkbox"/> LSC	<input type="checkbox"/> Council
<input type="checkbox"/> Job Centre	<input type="checkbox"/> A potential or my old employer
<input type="checkbox"/> A friend or word of mouth	<input type="checkbox"/> University or College
<input type="checkbox"/> Other, please specify .....	

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**Additional Needs**

Do you have any additional needs we can help with so you get the support you require?

Childcare

Travel

Accessibility

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**Other Support**

Are you getting help to get work or training from another organisation?

Yes  No If yes please specify below:

Organisation: \_\_\_\_\_ Contact Name (if known) \_\_\_\_\_

**A****Terms & Conditions****Blue Orchid will:****Offer a professional service to the client by providing:**

- Confirmation of your eligibility to access funding
- A trained, competent advisor to help produce, with you, a Personal Development Plan, if needed.
- Professional, quick to respond, helpful guidance on the most suitable training.
- Efficient Administrative support to make all of the arrangements, on your behalf, for the booking and payment of your agreed training programme.
- Confirmation to you of your booked training event including all of the joining instructions for your attendance.
- A quality service to the training provider engaged for the provision of your training.
- The LSC (the funding body) with the essential information and documentation to enable the timely release of funding.
- Clear guidance to you on the information Blue Orchid need to collect from you in order to fulfil our agreement with the LSC.

**The Client will:****Undertake to meet their full commitment to the programme by:**

- Completing a Personal Development Plan with your appointed advisor, if needed.
- Confirming that you meet the eligibility condition of the programme when completing this application form and the Personal Development Plan.
- Notifying Blue Orchid as soon as possible of any sickness, injury or change of personal circumstances which may affect your agreed attendance of your training.
- Providing within the due dates requested all of the necessary information and document completion, complying with the requirements of the programme.
- A guarantee to provide Blue Orchid with proof that you have attended your training events

**B****Client Declaration & Employer**


- I declare that the information given on this form is correct and that should I apply knowingly that I am not eligible for support that I may be liable for full repayment of the assistance provided by this programme.
- I am aware that this programme is co-financed by the Learning and Skills Council North West.
- I can confirm that I am currently in employment.
- I can confirm my employer is based in the location selected on the front sheet
- I confirm that Blue Orchid Management Consultants Ltd is authorised to make my contact details available to the Learning and Skills Council and its partners.


**Signature of Trainee:****Date:****Signature of Employer:  
Title****Date:**


# ITQ Support Programme

## Individual Learning Plan (ILP) Training Needs Analysis

We hereby confirm that we have read, understood and agree with the contents of the ILP.

Employer Name	<input style="width: 100%; height: 30px;" type="text"/> 		
Signature	<input style="width: 60%; height: 30px;" type="text"/>	Date	<input style="width: 20%; height: 30px;" type="text"/>

Learner Name	<input style="width: 100%; height: 30px;" type="text"/> 		
Signature	<input style="width: 60%; height: 30px;" type="text"/>	Date	<input style="width: 20%; height: 30px;" type="text"/>

Provider Name	<input style="width: 100%; height: 30px;" type="text"/> 		
Signature	<input style="width: 60%; height: 30px;" type="text"/>	Date	<input style="width: 20%; height: 30px;" type="text"/>

**Data Protection Act 1998**

The Learning and Skills Council may share this information with other organisations and Department for Education and Skills for administrative, statistical and research purposes.



# Training Needs Analysis

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1. Please describe how you use IT/computers today – at work and ar home?
2. What do you want to learn from this training
3. How will this improve the way you do your job?

## Indicative ITQ Modules for Training

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Module Code/No	Module Title	Weeks	Target Date	Achievement Date
	Improving productivity using IT	1Day		
	Presentation software using MS PowerPoint	1 Day		
	Email using MS Outlook	1 Day		
	Spreadsheets using MS Excel	2 Days		
	Word Processing Software using MS Word	2 Days		