

**BDAC**

**Work-based training**

**Application form**

for the

Crossfields Institute Level 3 Diploma

in Biodynamic Farming and Growing



Biodynamic Agricultural College

The Painswick Inn

Gloucester Street

Stroud

GL5 1QG

registered company in England no: 07338516,

Charity No: 1141825

**Thank you for your interest in the BDAC Work-based training**

Crossfields Institute Level 3 Diploma in Biodynamic Farming and Growing

On reception of your application you will receive an invoice for the application fee

Please note, the application fee for the Work-based diploma is non-refundable.

PERSONAL DETAILS

|  |  |
| --- | --- |
| Dr/Mr/Mrs/Ms: |  |
| Surname: | Date of Birth: |
| Forenames: |  |
| Address: | Home number |
| Postcode: | Telephone number (Mobile) |
| Email address:  |  |

|  |  |
| --- | --- |
| Name of centre applied to:  |  |
| Start date of placement |  |

*For overseas students only*

|  |  |
| --- | --- |
| Country of origin: | Passport number: |
| Arrival date: | Passport expiry date: |

|  |
| --- |
| How did you find or hear about the training? |

EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Type of School(i.e. Grammar/ Secondary) | Examinations taken and Qualifications Gained(Specify Grades)  |

FURTHER/ HIGHER EDUCATION

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name of Institution(state if Full – or- Part Time) | Subjects Taken and Qualifications Gained (Specify Grades or Degree Class Obtained) |

EMPLOYMENT RECORD (Please list chronologically, starting with current or last employer)

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer and Nature of Business: | From: To: | Job Title:Job Function/ Responsibilities: | Reason for Leaving |
|  |  |  |  |

OTHER TRAINING

|  |
| --- |
| Details of training courses attended and awards achieved, including dates, if appropriate |

 PERSONAL STATEMENT

**Use this space to provide information in support of your application including reasons for applying for the programme, reasons for wishing to study with us and any relevant practical experience, interests and achievements. This statement must be your own work.**

For example: - why do you choose this career of farming / gardening?

* + - what is your interest in biodynamics?
		- why do you choose the BDAC Work-based training?
		- what is your relationship to a holistic or spiritual world view?
		- what are you hoping to achieve/learn in the next two years?
		- what are your future plans?
		- do you have work experience or voluntary activity to tell us about, that might be relevant, or that will give us a fuller picture of you as a person? You may tell us about your social and leisure activities too.

**Statement** - please enter your Personal Statement here

EQUALITY ACT 2010

|  |
| --- |
| Section 1 of this Act describes a disabled person as a person with a ‘physical or mental impairment that has a substantial or long-term effect on his/her ability to carry out normal day-to-day activities’. Using this definition, would you consider yourself to be disabled? *(please tick as appropriate)* Yes No  If yes, do you require any special arrangements to be made to assist you is called for interview? Please provide details: |

PERMISSION

We use photos taken during the training for website and promotion. **If you do not wish for photographic material** with you in it to be used please tick this box □

Biodynamic Association Membership

For the duration of your training, you receive a free BDA membership, **to opt out**  please, tick this box □

PRIVACY

**To confirm** that you consent to your data [Name & DOB only] being passed on to the AO for the purposes of registration on a qualification/programme. The data will be used for that purpose only and in accordance to our GDPR policy please, tick this box □

REFEREES

Please give the details of two work related referees, including your current or most recent post. Referees will not be contacted without your prior approval.

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Company: | Company: |
| Address:Telephone No.: | Address:Telephone No.: |
| Nature of Relationship: | Nature of Relationship: |

VERIFICATION OF INFORMATION

|  |
| --- |
| I certify that all information that I have provided is correct. I understand that any false information given may result in a refusal of my application.Signature: Date: |

*To be completed by the* ***Training Centre***

|  |
| --- |
| I confirm the arrival of the above student on \_\_/\_\_/\_\_\_\_ (date) and agree to inform the BDAC office immediately of any change of status.Signature: Date: |

**Please send your completed form to:**

Kai Lange, Nash, Hartley Bridge, Horsley, GL6 0QB. or. kailogo@gmail.com