



Military Preparation College Forms to Complete 2016/17



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OUTSTANDING
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MPCT.CO.UK

MPCT™

Inspiring 14–19 year olds

Motivational Preparation College for Training



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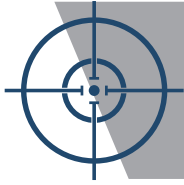
Document Checklist

You will need to have completed the following documents when you arrive for your first day at the College.

- Financial Support Application Form (if applicable)*
- Bank Details Form*
- Parental Consent Form*
- Health & Fitness Screening Form*
- Nutrition Questionnaire*
- Bursary-Funded Uniform Form (if applicable)*
- Proof of Identity (if available)
- Any Certificates already achieved

* Each of these are included in this document.

Failure to produce these forms, fully completed, may result in you being unable to take part in some of the activities on the course.



Financial Support Application Form (FS1)

Personal Details								
Learner's Surname								
Learner's Forenames								
Date of Birth	D	D	M	M	Y	Y	Y	Y
Gender	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	Age			
Address								
Address								
Post Code				MPCT Start Date				

Eligibility Check	
Is the learner aged 19 on 31st August in the academic year in which they start their programme of study?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes is answered the learner is ineligible
Has the learner met the residency eligibility criteria for EFA funding?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no is answered the learner is ineligible
Is the learner taking part in a EFA funded programme of learning with MPCT?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no is answered the learner is ineligible
<u>Vulnerable Bursary Check</u> Are any of the categories relevant to you? (Please tick relevant boxes) If any boxes are ticked then relevant documents need to be submitted	<input type="checkbox"/> I am in care <input type="checkbox"/> I am a care leaver <input type="checkbox"/> I am receiving Income Support or Universal Credit in my own name <input type="checkbox"/> I am receiving Employment Support Allowance and Disability Living Allowance or Personal Independence payments in my own name If no boxes are completed then the learner is ineligible for Vulnerable Bursary Support
<u>Discretionary Bursary and Free Meals Check</u> What types of benefits are the Learners Parents/ Carers in receipt of? (Please tick relevant boxes) If any boxes are ticked then relevant documents need to be submitted	<input type="checkbox"/> Income Support <input type="checkbox"/> Income-based Jobseekers Allowance <input type="checkbox"/> Income-related Employment and Support Allowance (ESA) <input type="checkbox"/> Child Tax Credit (but not Working Tax Credit) <input type="checkbox"/> Guarantee Element of State Pension Credit <input type="checkbox"/> Support under Part VI of the Immigration and Asylum Act 1999 <input type="checkbox"/> Working Tax Credit run - on If no boxes are completed then the learner is ineligible for Discretionary Bursary Support or Free Meals

Financial Support Application Form (FS1)



Details of Financial Assistance Requested

Please explain fully reasons for the application and attach supplementary evidence for the boxes ticked previously, such as Local Authority Letter or Income Support Letter, etc.

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What evidence is provided with this application (see Joining Instructions)?	
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Total Amount Requested from Fund (up to a maximum of £1,200)		How often will this be made?	
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Funding is to be used for: (Please tick relevant box(es))	<input type="checkbox"/> Equipment, such as uniform, trainers, shirt, tie, suit, shoes etc <input type="checkbox"/> Travel, such as to and from college or course activities <input type="checkbox"/> Free Meals if eligible <input type="checkbox"/> Books to support with progress into vocation
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The Learner must be prepared to:
Attend College on a regular basis Give 100% commitment to all activities Behave in a manner expected by MPCT Failure to adhere to these may see the withdrawal or reduction of the funding agreed. All payments will be made through a designated bank account.

Name of Learner		Signature of Learner	
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Name of Interviewer (MPCT Staff)		Signature of Interviewer	
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Date of Application	
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Head Office Use Only

Date Received		Have the criteria been met for the following? (Please tick relevant box)	<input type="checkbox"/> Vulnerable <input type="checkbox"/> Discretionary <input type="checkbox"/> Free Meals
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Is the application Authorised?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has PICS been updated to reflect this?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If no why?	
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Reference Number from Live FS Interface	
---	--

Name of Person Authorising:	
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Signature:	
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Bank Details

NB: If you have previously submitted this form, unless your details have changed, please do not submit another

For Office Use Only

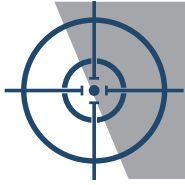
Centre	
Date Entered	
Signature	

Full Name (Block Capitals)	
MPCT Centre Name	
Course Name	
Are these details (please tick)	<input type="checkbox"/> New <input type="checkbox"/> Amended

I request that all payments due to me be credited to my bank / building society account as follows:

Name of Bank / Building Society								
Sort Code			-			-		
Bank Account Number								
Building Society Roll Number (Where applicable)								
Account Holder (as on bank card)								
Signature								
E-Mail Address								

CHANGES TO THE ABOVE ACCOUNT DETAILS SHOULD BE NOTIFIED TO YOUR INSTRUCTOR IMMEDIATELY. FAILURE TO DO SO WILL RESULT IN DELAYED PAYMENT



Parental Consent Form

Next of Kin Details:

Name	
Relationship	
Address (if different from learner)	
Post Code	
Telephone Number	

I hereby give permission for _____ whose date of birth is _____ to undertake any MPCT course and hereby consent to his/her participation in the range of physically demanding activities listed below during the said visit.

Obstacle Course	YES/NO	Physical Exercise	YES/NO
Outdoor Activities	YES/NO	Gym Work	YES/NO

Medical Matters

If there are known medical reasons why he/she should not participate in all above activities, please give details:

Allergies	
Medical Treatment	
Asthma/Hayfever	
Injuries (include current / past injuries)	
Diet	

(Please detail any food the learner cannot eat for either medical or ideological reasons).

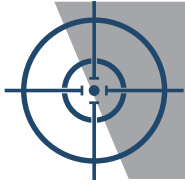
Doctor's Name		Telephone Number	
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These details are required in case of a medical emergency. MPCT will not be liable for your failure to disclose the correct information.

Parental Consent Form



Name	
Relationship	
Address (if different from learner)	
Post Code	
Telephone Number	
Signature	



Health & Fitness Screening Form

Have you ever suffered from any of the following?
(Please circle as appropriate)

Diabetes	Yes	No
High blood pressure	Yes	No
Asthma	Yes	No
Heart problems	Yes	No
Back pain	Yes	No
Any bone & Joint problems (however long ago)	Yes	No
Do you have any allergies?	Yes	No
Any Major surgery in the last 3 years	Yes	No

If yes to any of the above please provide details:

Are you taking any medication?	Yes	No
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If yes please provide any details:

Are you pregnant or have had a baby in the past six months?	Yes	No
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(If you become pregnant during the course you must inform the PT staff immediately)

Do you participate in regular exercise?	Yes	No
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How would you class your swimming strength?	Non swimmer	Weak	Strong
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I am fully aware and understand that information on this form is used for assessing my suitability to participate in physical activity. I hereby certify that the information above is correct.

Learner's Name		Signature		Date	
Instructor's Name		Signature		Date	

Nutrition Questionnaire



1. Do you think that you eat a healthy balanced diet?

Yes No

2. Do you eat breakfast?

Yes No

If yes, what?

3. How many meals do you eat daily?

4. How many calories do the government say that adult men and women should consume daily?

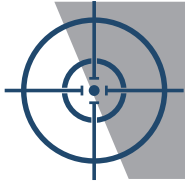
Men _____ Women _____

5. How important do you think nutrition is to healthy living? (Please circle as appropriate)

Very Important Important Not Sure Not Important

6. Would you like advice on how to eat healthily and maximise your potential on PT?

Yes No



Ordering Uniform

If you qualify for financial assistance (based on the form FS1) then please complete the details below and circle the sizes required. Please write clearly in BLOCK CAPITALS. If you require assistance please call 08442 438438.

Surname _____ Forename _____

Sweatshirt	S (34-36)	M (38-40)	L (42-44)	XL (46-48)
Polo top	S (38-40)	M (42-44)	L (46-48)	XL (50-52)
T-shirt	S (34-36)	M (38-40)	L (42-44)	XL (46-48)
Shorts	S (30-32)	M (34-36)	L (38-40)	N/A

If you are not eligible for financial assistance then please pay for your uniform by visiting the online shop at www.mpctstore.com



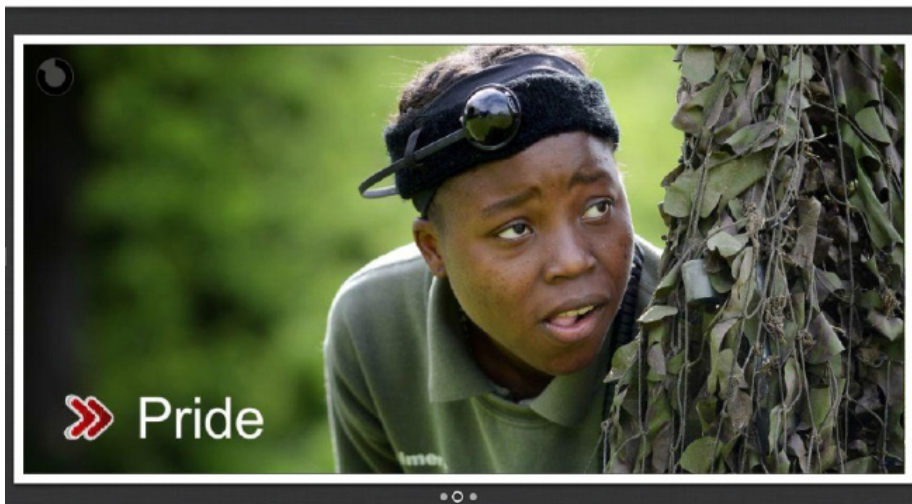
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Shopping Basket [Login or Register](#)
Your basket is empty!

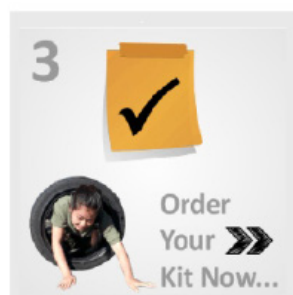
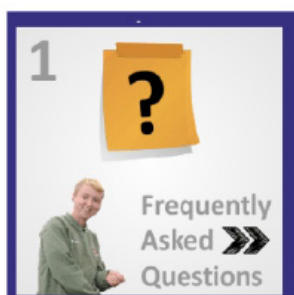
Go to www.mpctstore.com

Click on the link for Military & Public Services kit.

This will take you to the page displayed on the left.



Then follow steps 1 to 3 to order your uniform.



Be prepared. Be inspired. **BE PROUD**

If you need to contact us then get in touch through one on these methods.

Website: www.mpct.co.uk

Phone: 08442 438 438

Email: enquiries@mpct.co.uk

Each centre also has its own Facebook page where you can receive regular updates on what's happening in your location.

Search Military Preparation College and your location on Facebook.

