

Application for a personal licence

Before completing this form please read the guidance notes at the end of the form. If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written or typed in black ink. Use additional sheets if necessary.

You may wish to keep a copy of the completed form for your records.

1. Your personal details					
TITLE Please tick					
Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)					
Surname					
Forenames					
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary.					
<i>None</i>					
TITLE Please tick					
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)					
Surname					
Forenames					
Date of Birth					
Nationality					
I am 18 years old or over. Please tick			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes <input checked="" type="checkbox"/></td> <td style="width: 50%; text-align: center;">No <input type="checkbox"/></td> </tr> </table>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>				
ADDRESS WHERE ORDINARILY RESIDENT (We will use this address to correspond with you unless you complete the separate correspondence box below).					
Post town		Post code			
TELEPHONE NUMBERS					
Daytime					
Evening					
Mobile					
FAX NUMBER					

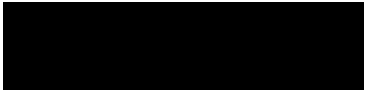
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail) [REDACTED]
Where applicable (if demonstrating a right to work via the Home Office online right to work checking service), the 9-digit 'share code' provided to the applicant by that service (please see note 2 for information)

Address for correspondence associated with this application (if different to the address above)	
Post town	Post code
TELEPHONE NUMBERS	
Daytime	
Evening	
Mobile	
E-MAIL ADDRESS (if you would prefer us to correspond with you by e-mail)	

2: Your licensing qualifications	
Read Notes	Please tick yes
Please indicate below which one of these statements applies to you:	
1. I hold an accredited licensing qualification	<input checked="" type="checkbox"/>
2. I hold a certified qualification	<input type="checkbox"/>
3. I hold an equivalent qualification	<input type="checkbox"/>
4. I am a person of prescribed description	<input type="checkbox"/>
If you have ticked either of statements 1, 2 or 3 please provide details of your qualification in the box below (name of qualification, date of issue, issuing body) and please enclose your qualification with your application. If you have ticked statement 4, please provide evidence that you are a person of prescribed description.	
<p>Highfield Level 2 Award for Personal Licence Holders (RQF) Date of Award 19 March 2020 Highfield Qualifications certificate attached.</p>	

3. Previous or outstanding applications for a personal licence		
Note: You may only hold one personal licence at a time.		Please tick
Do you currently hold a personal licence?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Do you currently have any outstanding applications for a personal licence, with this or any other licensing authority?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Has any personal licence held by you been forfeited in the last 5 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Licensing Authority	/	
Licence number	/	
Date of issue	/	
Any further details	/	

4. CHECKLIST:	
I have Please tick yes	
• enclosed two photographs of myself, one of which is endorsed as a true likeness of me by a solicitor or notary, a person of standing in the community or any individual with a professional qualification	<input checked="" type="checkbox"/>
• enclosed any licensing qualification I hold or proof that I am a person of prescribed description	<input checked="" type="checkbox"/>
• enclosed a criminal conviction certificate or a criminal record certificate or the results of a subject access search of the police national computer by the National Identification Service	<input checked="" type="checkbox"/>
• enclosed a completed disclosure of criminal convictions and declaration form (Schedule 2)	<input checked="" type="checkbox"/>
• included a proof of my right to work in the United Kingdom or my share code issued by the Home Office online right to work checking service (see note 2)	<input checked="" type="checkbox"/>
• made or enclosed payment of the fee for the application	<input checked="" type="checkbox"/>

5. Declaration	
<p>I am entitled to work in the UK and am not subject to a condition preventing me from doing work relating to the carrying on of a licensable activity. I understand that my licence will become invalid if I cease to be entitled to live and work in the UK.</p> <p>The information contained in this form is correct to the best of my knowledge and belief.</p> <p>It is an offence to knowingly or recklessly make a false statement in or in connection with an application for the grant of a personal licence. (A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement). To do so could result in prosecution and a fine of any amount. It is an offence under section 24B of the Immigration Act 1971 to work illegally.</p>	
SIGNATURE	
DATE	<p>16.12.20</p> <p>24.8.20</p>

[Insert name and address of relevant licensing authority and its reference number (optional)]

Disclosure of convictions and civil immigration penalties and declaration

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You may wish to keep a copy of the completed form for your records.

1. Your personal details	
TITLE Please tick ✓ Mr <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	[REDACTED]
Forenames	[REDACTED]
PREVIOUS NAMES (if relevant) please enter details of any previous names or maiden names. Please continue on a separate sheet if necessary. None	
TITLE Please tick ✓ Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please state)	
Surname	[REDACTED]
Forenames	[REDACTED]

2. Forfeiture by a court or revocation by a licensing authority of a personal licence in the last 5 years		
		Please tick ✓
Has any personal licence held by you been forfeited or revoked in the last 5 years?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If yes, please provide details below:		
Name of court/licensing authority	[REDACTED]	
Address of court	[REDACTED]	
Date of forfeiture/revocation	[REDACTED]	
Offence which resulted in the forfeiture/revocation	[REDACTED]	

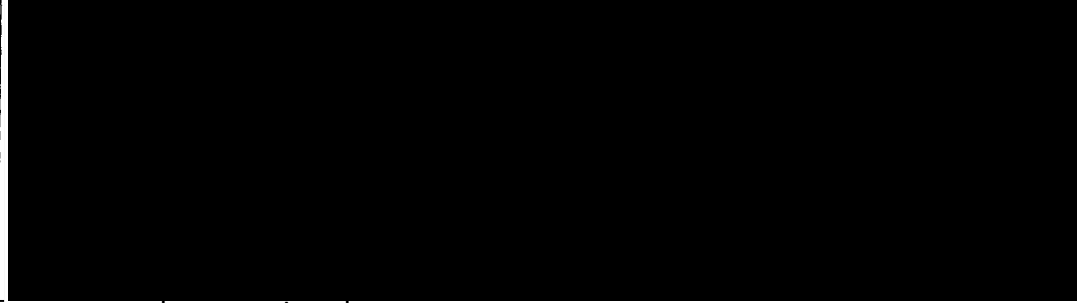
Any additional details	
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3. Relevant or foreign offences and civil immigration penalties

Read Note: 1 **Please tick**

Have you been convicted of any relevant offence or foreign offence or been required to pay a civil immigration penalty?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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If you have been convicted of any relevant offence you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed:




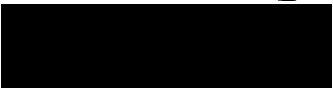
If you have been convicted of any foreign offence you must provide details for each conviction of the date of conviction, the name and location of the convicting court, offence of which you were convicted and the sentence imposed: —

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If you have received an immigration penalty you must provide details, including the reference, date and company name. —

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4. Declaration			
I declare that I have not been convicted of any relevant offence or any foreign offence or been required to pay a civil immigration penalty			
SIGNATURE		DATE	16.12.20 24.8.20

5. Declaration			
The information contained in this form is correct to the best of my knowledge and belief.			
It is an offence knowingly or recklessly to make a false statement in or in connection with an application for the grant of a personal licence. A person is to be treated as making a false statement if he produces, furnishes, signs or otherwise makes use of a document that contains a false statement. To do so could result in prosecution and a fine of any amount. It is an offence under section 24B of the Immigration Act 1971 to work illegally.			
SIGNATURE		DATE	16.12.20 24.8.20



Highfield Qualifications

Certifies that



has successfully passed an assessment in
Highfield Level 2 Award for Personal Licence Holders (RQF)

Qualification number



Date of award

19 March 2020

Certificate number



Course Director

Sterling Business School

Training Organisation



Jason Sprenger - Chief Executive
Highfield Qualifications



THE QUEEN'S AWARDS
FOR ENTERPRISE:
2016



Regulation

ofqual
REGULATED
register.ofqual.gov.uk



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