**SIA LICENCE APPLICATION FORM**

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| --- |
| Additional information to be completed by the applicant.  Have you ever been known by any other name(s) YES/NO?  …………………………………………..  Have you had a conviction, caution or written warning within last 12 months? YES/NO  If YES, provide details ………………  ……………………………………………….  Have you been charged with an offence that is currently awaiting trial? YES/NO  If yes, provide details …………………………………………………  …………………………………………………  Have you ever been detained under mental heath legislation? YES/NO  IF YES, please provide details |

**FIRST NAME**: ………………………………………..

**MIDDLE NAME:** ……………………

**LAST NAME**: …………………………

**EMAIL:** …………………………………

**CONTACT NUMBER**: ……………………………………

**MOTHER’S NAME:** …………………………………….

**DATE OF BIRTH**: ………………………………………

**GENDER:** ……………………………….

**NATIONAL INSURANCE: ………………………………….**

**TOWN OF BIRTH:** ……………………………………………

**COUNTRY OF BIRTH**: ……………………………………….

**NATIONALITY**: ………………………………

**HOME OFFICE REFERENCE NUMBER:**

**…………………………………………..**

**BIOMETRIC CARD NUMBER: …………………………**

**PASSPORT:** …………………………………………….

I am aware that I am subject to criminal record checks during the process of obtaining my license and I agree to cooperate with the UKCITY ACADEMY and SIA to provide all the information required truthfully and completely.

**APPLICANT’S SIGNATURE: ……………………………………**

**Current Address: ………………………………………………………………………**

**Current postcode: ………………………………………………………………………**

**Date moved in: …………………… Date moved out: ……………….**

1. **Previous Address with the Postcode:**

**……………………………………………………………………………….**

**……………………………………………………………………………….**

**Date moved In: ………………… Date Moved out: ………………**

1. **Previous Address with the postcode:**

**…………………………………………………………………………………….**

**…………………………………………………………………………………….**

**Date Moved In: …………………… Date Moved out: ………………**