PLEASE COMPLETE ALL SECTIONS IN BLACK INK

Please Note: *The information submitted on this form will be treated as strictly private and confidential*

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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | | Surname  BLOCK CAPITALS | |  | |
| First Names | | |  | | | |
| Previous Surname (if applicable) | | | |  | | |
| Permanent Address | | | | Next of Kin Name and Address | | |
|  | | | |  | | |
| Telephone No | |  | | Mobile No | |  |
| National Insurance Number | |  | | Nationality | |  |
| Date of Birth | |  | | Email address | |  |
| Age | |  | |  |
| Are you currently employed?  Please circle | | Yes | No | If so, what is your current position?  (Job Title) | |  |
| What programme are you applying for? If you are not applying for an apprenticeship, please tick Traineeship. If you  are applying for more than one course, please number i.e. 1 – first choice, 2 – second choice etc. | | | | | | |
| Fabrication Pipefitting  Welding Design & Draught (CAD)  Electrical Maintenance Mechanical Manufacture (Machining)  Mechanical Maintenance Traineeship  Mechanical Engineering *\*Please note, you may be offered a traineeship if no apprenticeship pathways are available*  Electronics  Other (please specify) | | | | | | |
| Where did you see these apprenticeships advertised? (please tick relevant boxes) | | | | | | |
| Connexions Job Centre Plus Newspapers Social Media Website Word of Mouth Other(please state) | | | | | | |

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| Do you hold a current UK Driving Licence? | | Yes | | No | | Have you been convicted of a criminal offence? If yes, please give details. | | | |  | | |
| EDUCATION (Please give details from the age of 11) | | | | | | | | | | | | |
| School/College/Training Provider | | | | | | | | | From | | | To |
|  | | | | | | | | |  | | |  |
| G.C.S.E. Results Subject | Result Grade | | | | Projected Grade | | Subject | | Result Grade | | | Projected Grade |
| English |  | | | |  | | Mathematics | |  | | |  |
| Sciences |  | | | |  | | ICT | |  | | |  |
| Tech Design |  | | | |  | |  | |  | | |  |
| Other Qualifications and Level (If None Please Write N/ A) | | | | | | | | | | | | |
| GNVQ | Level | |  | | Title | |  | | | | | |
| NVQ | Level | |  | | Title | |  | | | | | |
| Other | Level | |  | | Title | |  | | | | | |
| Key Skills Qualifications and Level (If None Please Write N/ A) | | | | | | | | | | | | |
| Title | | | | | | Level | | Title | | | Level | |
| Application of Number | | | | | |  | | Working With Others | | |  | |
| Communication | | | | | |  | | Improving Own Learning | | |  | |
| Information Technology | | | | | |  | | Problem Solving | | |  | |

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| Employment Record  Please detail all previous employment, part time work or training schemes | | | | |
| From | To | Employer’s name, address and nature of business | Position held and main duties | Reason for leaving |
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| ACCOMODATION | | | | | | | | | | | | | | | | | | | | | |
| We need to know about your housing details in order to provide the best help to you. What are your current living arrangements (Please Tick) are you: | | | | | | | | | | | | | | | | | | | | | |
| Living With Parents | | | | | | |  | | Other Family Members | | | | | |  | | | Own Flat | |  | |
| Own Bed Sit | | | | | | |  | | Shared House | | | | | |  | | | Other | |  | |
| If you have ticked other, please give details in the space provided below) | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| OTHER AGENCY INVOLVEMENT | | | | | | | | | | | | | | | | | | | | | |
| Do you have regular contact with other agencies (Please Tick) | | | | | | | | | | | | | | | | | | | | | |
| Social Services | | | | |  | | | Youth Offending Team | | | | |  | | | | Youth Service | | |  | |
| Alcohol / Drugs | | | | |  | | | Health Worker | | | | |  | | | | Connexions | | |  | |
| Other | | | | |  | | |  | | | | | | | | | | | | | |
| (If you have ticked other, please give details in the space provided below) | | | | | | | | | | | | | | | | | | | | | |
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| HEALTH | | | | | | | | | | | | | | | | | | | | | |
| We need to be aware of your medical history so we can establish any support requirements. Please advise us of any medical conditions you have. This information will remain confidential. (Please Tick) | | | | | | | | | | | | | | | | | | | | | |
| Anxiety | |  | | Asthma | | | | | |  | Blackouts | | |  | | Diabetes | | | |  | |
| Epilepsy | |  | | Eyesight | | | | | |  | Hearing | | |  | | Skin Problems | | | |  | |
| Other | |  | |  | | | | | | | | | | | | | | | | | |
| (If you have ticked other, please give details in the space provided below) so they can be discussed at interview. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| DISABILITY | | | | | | | | | | | | | | | | | | | | | |
| Do you have any form of disability (such as dyslexia, depression, physical or sensory impairment) which can be discussed at interview? so we can establish any support requirements you may need | | | | | | | | | | | | | | | | | | | | | |
| Yes |  | | No | | |  | |  | | | | | | | | | | | | | |
| (If you have ticked yes, please give details in the space provided below) This information will remain confidential. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| MEDICATION | | | | | | | | | | | | | | | | | | | | | |
| Are you taking any medication? (Please Tick) | | | | | | | | | | | | Yes |  | | | | | | No | |  |
| (If you have ticked yes, please give details in the space provided below) | | | | | | | | | | | | | | | | | | | | | |
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| A CAREER IN ENGINEERING |
| Please answer all of the following questions in detail ( Please continue on additional paper if  required) |
| What interests you most about this apprenticeship? |
|  |
| What tasks or activities have you done that have involved aspects of this apprenticeship? |
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| Describe a time when you have had to learn something new outside school or college?  Explain what you found difficult about it and what you did to overcome these difficulties? |
|  |
| Describe a situation where you have had to work on your own, explain what you enjoyed most and what you found  difficult. |
|  |
| Describe a situation where you have had to work as a team, explain what you enjoyed most and what you found  difficult. |
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| Details of leisure and special interests |
|  |
| Give below any other information, which in your opinion, may be of interest in considering this application.  Include what skills/qualities/attributes you possess which equip you for this apprenticeship and why you are interested in applying. |
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| REFERENCES  Give the names and addresses of two referees, both of which should be business or educational, from whom references can be obtained if required. | | | |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Address |  | Address |  |
| Postcode |  | Postcode |  |
| Contact Tel No. |  | Contact Tel No. |  |

OTHER INFORMATION

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Coat / Overall Size | Small |  | Medium |  | Large |  | XL |  |
| Boot / Shoe Size |  | | | | | | | |

Successful applications will be subject to proof of satisfactory GCSE grades and references.

Whilst The Engineering College will make every effort in finding a work placement, we trust you appreciate that this is not guaranteed. We would value your assistance in any leads or contacts you may have.

The Engineering College value diversity, celebrate difference and treat everyone with respect. We believe that all have the right to be valued and to have equality of opportunity.

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| I believe that the particulars given on this form are a correct and accurate statement of my experience and qualifications. | | | |
| Signature |  | Date |  |

