

APPLICATION FOR APPRENTICESHIP

PLEASE COMPLETE ALL SECTIONS IN BLACK INK

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

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	<input type="checkbox"/>	Pipefitting	<input type="checkbox"/>
Welding	<input type="checkbox"/>	Design & Draught (CAD)	<input type="checkbox"/>
Electrical Maintenance	<input type="checkbox"/>	Mechanical Manufacture (Machining)	<input type="checkbox"/>
Mechanical Maintenance	<input type="checkbox"/>	Traineeship	<input type="checkbox"/>
Mechanical Engineering	<input type="checkbox"/>	<i>*Please note, you may be offered a traineeship if no apprenticeship pathways are available</i>	
Electronics	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/> _____
Where did you see these apprenticeships advertised? (please tick relevant boxes)			
Connexions	<input type="checkbox"/>	Job Centre Plus	<input type="checkbox"/>
		Newspapers	<input type="checkbox"/>
		Social Media	<input type="checkbox"/>
		Website	<input type="checkbox"/>
Word of Mouth	<input type="checkbox"/>	Other (please state)	<input type="checkbox"/> _____

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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.	
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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			
Other			

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	

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	<input type="checkbox"/>	Other Family Members	<input type="checkbox"/>	Own Flat	<input type="checkbox"/>
Own Bed Sit	<input type="checkbox"/>	Shared House	<input type="checkbox"/>	Other	<input type="checkbox"/>
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	<input type="checkbox"/>	Youth Offending Team	<input type="checkbox"/>	Youth Service	<input type="checkbox"/>
Alcohol / Drugs	<input type="checkbox"/>	Health Worker	<input type="checkbox"/>	Connexions	<input type="checkbox"/>
Other	<input type="checkbox"/>				
(If you have ticked other, please give details in the space provided below)					
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	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	Eyesight	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Other	<input type="checkbox"/>				
(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	<input type="checkbox"/>	No	<input type="checkbox"/>		
(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	<input type="checkbox"/>	No	<input type="checkbox"/>
(If you have ticked yes, please give details in the space provided below)					

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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.

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

