

Apprenticeship application form



If you would like to apply for an apprenticeship, please fill in this application form including the Equal Opportunities monitoring sheet and return them to us using the freepost address below. We will then contact you within 14 days. You should fill in this form yourself using a blue or black pen.

Apprenticeship Training Ltd
Freepost
Licence No: FPN1613
SO30 2PA

PERSONAL DETAILS

Last name

First name/s

Date of birth / / dd/mm/yyyy Are you male? Female?

National Insurance number (if known)

Home address

 Postcode

Home phone Mobile

E-mail

Have you lived in Britain for the last three years? Yes No

YOUR EDUCATION

Name of school or college where you are now, or where you last went to.

What date did you, or will you, leave? / / dd/mm/yyyy

Please list the subjects you studied and the grades you achieved, or predicted grades

Subject	Level (for example, GCSE, NVQ)	Result (for example, the grade achieved, or predicted grade)	Exam Date

Favourite Subjects

(Please turn over)

YOUR WORK EXPERIENCE

Tell us about the work you have done (including part-time, Saturday, evening work, school work experience and any voluntary work)

Employer	Type of work	From and To	

Has an employer suggested you apply to us for an apprenticeship?

Yes No

If 'Yes', company name

Address

Postcode

Person to contact

Telephone

YOUR HEALTH

Because of the nature of the apprenticeships we offer, it is important that we know a little bit about your health. Suffering from any of these ailments will not necessarily exclude you from applying, but your health and safety is of paramount concern to us, so please answer honestly.

Do you suffer from, or do you have a history of:

- Dermatitis (skin allergy) No Yes If 'Yes' Chronic Mild Infrequent
 A physical disability No Yes If 'Yes' Chronic Mild Infrequent
 Colour blindness No Yes If 'Yes' Chronic Mild Infrequent
 Epilepsy No Yes If 'Yes' Chronic Mild Infrequent
 Asthma No Yes If 'Yes' Chronic Mild Infrequent
 Vertigo (fear of heights) No Yes If 'Yes' Chronic Mild Infrequent

Do you have a disability? No Yes Partial If you have answered 'Yes' or 'Partial' please help us by identifying the disability:

- Dyslexia Learning difficulty Blind or partially sighted
 Deaf or hard of hearing Difficulties with speech Physical disability
 Mental-health difficulty Diabetes Epilepsy

YOUR PREFERRED TRADE

Please tell us which trade you are most interested in. You can be interested in more than one, so please indicate, by writing in the box, your preferred options in order of preference i.e. 1, 2, 3 etc. If you are not interested in one of the trades leave the box blank.

- Electrician Domestic Gas Engineer
 Domestic Heating and Ventilation Plumbing

Please read the following statement carefully. Mark as appropriate and the please sign and date the form. Thank you.

In accordance with the Data Protection Act, please indicate whether you give your consent for us to share the information you have provided on this application form only, with potential employers, for the sole purpose of securing employment for you.

Please tick as appropriate:

YES I give my consent

NO I do not give my consent

Signed

Dated

 / /

dd/mm/yyyy

Equal opportunities monitoring information



At Apprenticeship Training Limited we are committed to equal opportunities. It is important for us to gather information so we know how we are doing. We will only use the information you give in this section for monitoring how effective our service, policies and advertising are. The information you give is anonymous (you don't write your name and we detach it from your form). It will never be used to identify anyone.

Date of birth / / dd/mm/yyyy Are you male? Female?

In which county do you live? Hampshire Surrey Berkshire Dorset
Middlesex London Sussex Other

Have you lived in Britain for the last three years? Yes No

Do you have a disability? No Yes Partial If you have answered 'Yes' or 'Partial' please help us by identifying the disability:

Dyslexia Learning difficulty Blind or partially sighted

Deaf or hard of hearing Difficulties with speech Physical disability

Mental-health difficulty Diabetes Epilepsy

Do you have childcare or other carer responsibilities? Yes No

Do you have a criminal record? Yes No

Please tick the category which best describes your ethnic background

Asian or Asian British Black or Black British

Chinese or Far Eastern White British

Mixed Don't know, or don't want to say

White and Asian, White and Black African,
White and Black Caribbean, other mixed
background

Religion

The 2001 Census asked for information about religions. Under employment equality regulations it is against the law to discriminate against workers because of their religion or similar beliefs. It would help us if you would tick a box below. This is so we can show that we are doing everything possible to keep to the law. Thank you.

How would you describe yourself

Christian Muslim

Hindu Jewish

Buddhist Sikh

No religion Other religion

Thank you for filling in this form. Upon receipt, we will detach it from your application form and we will not share the information in this section, or use it in any way, except for monitoring Equal Opportunities.