**CLOSING DATE FOR 2019 APPLICATIONS 19/4/19. SELECTEDCANDIDATES FOR THE NEXT STAGE OF SELECTION PROCESS WILL BE CONTACTED BY 6/5/19**

**Personal Details**

**Please use this space to say why you are interested in this Apprenticeship**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | First Name: |  | |
| Former surnames if different: |  | Preferred Name or Title (Optional): |  | |
| Address: | | Tel No (home): |  | |
| Tel No (mobile): |  | |
| E-Mail address: |  | |
| Nat. Insurance No: |  | |
| Nationality: |  | |
| You will be required to provide Proof of Right to Work in U.K | | |
| Applicants under 18 must supply a Parent/Guardians  name & contact details | | Name | | Tel No |
| **Where did you learn of the post?** | |  | | |

**Educational History**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Secondary School/**  **College/ University** | **Dates** | | | **Exam or subject/topic Taken** | | **Date** | **Result/predicted result** |
| **From** | **To** | |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |
|  |  | | |  | |  |  |
| Other training, qualifications or skills or personal qualities relevant to the post | | | | | | | |
| Do you hold a current CSCS/CPCS Card | | | YES/NO | | Card Number | | |

**Employment history**  
Please give details, beginning with your present or most recent.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Name and address of employer** | | **Job title, description of duties and responsibilities, reason for leaving** |
|  |  |  | |  |
|  |  |  | |  |
| Date you are available to commence Apprenticeship/notice period required | | |  | | |
| **Referees** Please give details of two referees, one of whom should be your current or most recent employer or, your school teacher, higher or further education lecturer. The other should not be a relative or contemporary. | | | | | |
| **Name**  **Contact Details** | | | **Name**  **Contact Details** | | |  |

**Medical History**

There are some jobs that have medical requirements  for example, there are certain jobs you may not be able to do if you have contact dermatitis. Therefore we require certain information to be provided.

|  |  |  |  |
| --- | --- | --- | --- |
| Are you suffering from? (Or have ever suffered from?)  (Please circle Yes or No as applicable) | | | |
| Back Pain | Yes | No | If yes please give details |
| Skin condition (dermatitis etc.) | Yes | No | If yes please give details |
| Epilepsy (Fits) | Yes | No | If yes please give details |
| Hearing loss | Yes | No | If yes please give details |
| Heart disease | Yes | No | If yes please give details |
| Any other illness/disabilities we should be  aware of |  | | |

|  |  |  |
| --- | --- | --- |
| If selected for interview, do you require any special arrangements to be made on account of a disability? | Yes  No | If “yes”, please give brief details of the effects of your disability on your day-to-day activities,  and any other information that you feel would help us to accommodate your needs during your interview  and fulfill our obligations under the Equality Act 2010: |

I declare that the information I have given on this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I may be dismissed. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection. I accept that if my application is successful, this application form will form part of my personnel file and, in that case, I consent to the data on it being processed for all purposes in connection with my employment.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_