



## APPRENTICE APPLICATION FORM

### PERSONAL DETAILS

Name	<input type="text"/>	Date of Birth	<input type="text"/>
National Insurance	<input type="text"/>	Nationality	<input type="text"/>
Mobile Number	<input type="text"/>	Home Number	<input type="text"/>
Address	<input type="text"/>		
Email Address	<input type="text"/>		

### HEALTH

Please tick if you have suffered or you do suffer from the following:

Asthma	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Skin Trouble	<input type="checkbox"/>
Hay Fever	<input type="checkbox"/>	Colour Blindness	<input type="checkbox"/>	Dyslexia	<input type="checkbox"/>

Are there any disabilities which may affect your application? Yes/No

### ETHNIC ORIGIN (please tick relevant box)

African	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	White & Black Caribbean	<input type="checkbox"/>
British	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>		<input type="checkbox"/>
Caribbean	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>		<input type="checkbox"/>

### AREAS OF INTEREST

Machining	<input type="checkbox"/>	Mechanical Maintenance	<input type="checkbox"/>	Welding and Fabrication	<input type="checkbox"/>
Fitting	<input type="checkbox"/>	Electrical Maintenance	<input type="checkbox"/>	Sheet Metal	<input type="checkbox"/>

### TRANSPORT ARRANGEMENTS

Which mode of transport to you have?

Car  Motorcycle  Bicycle  Other

### PARENT/GUARDIAN DETAILS

Name	<input type="text"/>	Telephone Number	<input type="text"/>
Address	<input type="text"/>	Relationship	<input type="text"/>

**PLACE OF WORK**

Where out of the areas listed below could you travel to?

Avonmouth	<input type="checkbox"/>	Brislington	<input type="checkbox"/>	Clevedon	<input type="checkbox"/>
Fishponds	<input type="checkbox"/>	Kingswood	<input type="checkbox"/>	Marshfield	<input type="checkbox"/>
Nailsea	<input type="checkbox"/>	St George	<input type="checkbox"/>	Warmley	<input type="checkbox"/>
Yate	<input type="checkbox"/>	Other	<input type="text"/>		

**QUALIFICATIONS**

Secondary School  Dates

Qualification	Grade or Expected Grade

College  Dates

Qualification	Grade or Expected Grade

**WORK EXPERIENCE**

**LEISURE ACTIVITIES**

**DECLARATION**

I declare that the information given is to the best of my knowledge, true and correct. I understand that completion and submission of this form does not constitute an offer of employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_