

Application for Apprenticeship

Note: The information submitted on this form will be treated as strictly private and confidential
PLEASE COMPLETE ALL SECTIONS IN BLACK INK



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 tick	Yes	No	If so, what is your current position? (job title)											
What apprenticeship are you applying for? If applying for more than one course, please number i.e. 1 – first choice, 2 – second choice etc.														
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> Mechanical Engineering</td> <td><input type="checkbox"/> Draft and Design</td> </tr> <tr> <td><input type="checkbox"/> Fabrication</td> <td><input type="checkbox"/> Project Control</td> </tr> <tr> <td><input type="checkbox"/> Welding</td> <td><input type="checkbox"/> Access to Apprenticeship</td> </tr> <tr> <td><input type="checkbox"/> Pipe Fitting</td> <td><input type="checkbox"/> Other (PLEASE STATE) Type _____ _____</td> </tr> </table>					<input type="checkbox"/> Mechanical Engineering	<input type="checkbox"/> Draft and Design	<input type="checkbox"/> Fabrication	<input type="checkbox"/> Project Control	<input type="checkbox"/> Welding	<input type="checkbox"/> Access to Apprenticeship	<input type="checkbox"/> Pipe Fitting	<input type="checkbox"/> Other (PLEASE STATE) Type _____ _____		
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Where did you see these apprenticeships advertised?														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Connexions</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Job Centre Plus</td> <td></td> </tr> </table>		Connexions		Job Centre Plus		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Newspaper</td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Other (Please Specify Below)</td> <td></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>			Newspaper		Other (Please Specify Below)			
Connexions														
Job Centre Plus														
Newspaper														
Other (Please Specify Below)														
Do you hold a current UK Driving Licence?	Yes	No	Do you have any endorsements?	Yes	No									
Have you been convicted of a criminal offence? If yes, please give details.														

APPRENTICESHIP APPLICATION FORM
 MECNW/AppApplicationForm – Issue 08 – Sept 2011

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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	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		

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)					
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	
Epilepsy		Eyesight		Hearing	
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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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?

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?

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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.	

Successful applications will be subject to proof of satisfactory GCSE grades and references. Whilst MECNW will make every effort in finding a work placement, we trust you appreciate that this is not guaranteed. MECNW would value your assistance in any leads or contacts you may have.

MECNW 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	

OTHER INFORMATION

Coat / Overall Size	Small		Medium		Large	
Boot / Shoe Size						



Please return completed application form to:
 Reception, Maritime & Engineering College NW
 Monks Ferry, Birkenhead, Wirral, CH41 5LH