

# Apprenticeships

## Application Form

### YOUR DETAILS

SURNAME		FORENAMES	
ADDRESS			
			POSTCODE
TELEPHONE		MOBILE	
GENDER	DATE OF BIRTH	AGE	
EMAIL ADDRESS			
NATIONAL INSURANCE NUMBER			

### YOUR PROPOSED COURSE

Please tick as appropriate

	APPRENTICESHIP LEVEL 2	ADVANCED APPRENTICESHIP LEVEL 3	PROGRAMME (eg. Marketing & Communications...)
BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CUSTOMER SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
FINANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PUBLIC SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SPORT & LEISURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

### SCHOOL/COLLEGE INFORMATION

PLEASE GIVE DETAILS OF LAST/CURRENT SCHOOL OR COLLEGE ATTENDED (INCLUDING FULL ADDRESS)

### QUALIFICATIONS

Please include any industry qualifications

AWARD (e.g. GCSE, A Level, BTEC)	SUBJECT & LEVEL	YEAR TAKEN	GRADE <small>ACTUAL/EXPECTED</small>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE YOU COMPLETED YEAR 11 AT SCHOOL? YES  NO

HAVE YOU BEEN ON WORK BASED LEARNING BEFORE? YES  NO

PLEASE COMPLETE BOTH SIDES OF THIS FORM



## SEEVIC Apprenticeships

Please return your completed form to:  
**Commercial Systems Co-ordinator, SEEVIC College,**  
 Runnymede Chase, Benfleet, Essex, SS7 1TW



For Apprenticeships & Skills

# Apprenticeships

## Application Form

### EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED? YES  NO

IF YES, PLEASE GIVE EMPLOYERS NAME AND ADDRESS

YOUR JOB TITLE

PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CURRENT ROLES AND RESPONSIBILITIES

### OTHER INFORMATION

DO YOU HAVE A LEARNING DIFFICULTY/DISABILITY OR MEDICAL CONDITION WE NEED TO BE AWARE OF? YES  NO

IF YES, PLEASE GIVE DETAILS

PLEASE GIVE DETAILS OF ANY ACTIVITIES THAT YOU ARE INVOLVED IN, INTERESTS THAT YOU HAVE OR ANY POSSIBLE CAREER PLANS

HOW DID YOU HEAR ABOUT THE PROGRAMME?

CONNEXIONS  SEEVIC  SCHOOL  EVENT  WEBSITE  OTHER

IF OTHER PLEASE STATE

### STUDENT DECLARATION

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS FORM IS CORRECT AND I GIVE MY CONSENT TO THE PROCESSING AND SHARING OF THIS INFORMATION FOR ALL PURPOSES RELATING TO MY APPLICATION.\*

SIGNED BY LEARNER

PARENT/CARER SIGNATURE

Required if you are under 18 years of age

DATE

DATE

\* DATA ON YOUR PROPOSED COURSE WILL BE HELD ON COMPUTER AND USED TO ANALYSE APPLICATIONS AND SUPPORT CURRICULUM PLANNING.

FOR OFFICE USE ONLY - INTERVIEW ALLOCATED

DAY

DATE

TIME

INITIALS