

Apprenticeships Application Form



YOUR DETAILS

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

YOUR PROPOSED COURSE

PROGRAMME (eg. Marketing & Communications)	APPRENTICESHIP LEVEL 2 <input type="checkbox"/>	ADVANCED APPRENTICESHIP LEVEL 3 <input type="checkbox"/>
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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>

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



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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

DO YOU HOLD A FULL UK DRIVING LICENCE? YES NO DO YOU HAVE ACCESS TO A CAR? YES NO

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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