



APPRENTICE APPLICATION FORM

SURNAME:			
FIRST NAME:			
ADDRESS:			
POSTCODE:		TELEPHONE NO:	
DATE OF BIRTH:	/ /	NATIONALITY:	
N.I. NUMBER (If Known):			
FULL NAME OF PARENT/GUARDIAN (If under 21):			
ADDRESS OF PARENT/GUARDIAN (If different to above):			
NAME OF SCHOOL ATTENDED:			
WHEN WILL/DID YOU LEAVE FULL TIME EDUCATION: MONTH		YEAR: 20	
WHAT GRADES DO YOU EXPECT TO ACHIEVE OR HAVE ACHIEVED IN THE FOLLOWING GCSE's			
MATHS	ENGLISH	CDT	SCIENCE
DETAILS OF ANY OTHERS:			
ANY OTHER QUALIFICATIONS – KEY SKILLS/GNVQ's/NVQ's (If yes list details and grades achieved)			
DETAILS OF ANY OTHER TRAINING SINCE FULL TIME EDUCATION:			
DETAILS OF ANY PART TIME OR PREVIOUS EMPLOYMENT:			
DO YOU HAVE ANY KNOWN ALLERGIES/DISABILITIES OR MEDICAL CONDITIONS WHICH COULD AFFECT YOUR WORKING AT HEIGHT, ON SCAFFOLDING OR LADDERS – NEAR DANGEROUS MACHINERY OR ON BUILDING SITES:			
YES	NO		
IF YES PLEASE GIVE DETAILS:			
ARE YOU COLOUR BLIND:	YES	NO	
DO YOU HOLD A CURRENT DRIVING LICENCE:	YES	NO	
DO YOU HAVE A CRIMINAL CONVICTION OR EVER BEEN INVOLVED WITH THE POLICE IN A CRIMINAL MATTER	YES	NO	
PLEASE LIST HOBBIES/LEISURE PURSUITS:			

SIGN DATE:

Please return your completed form to Rachel Revel HR Manager at Wessex Group Ltd