

APPRENTICESHIP PROGRAMME APPLICATION FORM

Please tick as applicable

I am interested in applying for an apprenticeship in: Engineering				Science	
How did you hear about the TDR apprenticeship scheme?	YA Programme	SEA Programme	Connexions	Other Source	
If other source, please state where:					

PERSONAL DETAILS

Please complete all questions in black ink only

Surname:	First Names:		
Address:	Home Telephone No.:		
	Mobile Telephone No.:		
	E-mail Contact:		
	NI Number:		
Post Code:			

EDUCATIONAL DETAILS

Schools/Colleges attended

School/College Name	Leave Date	School/College Name	Leave Date

Subject	Qualification GCSE/GNVQ A/AS	Grade/Level		Date Achieved
		Expected	Achieved	

(Please use additional sheet if required)

WHY AN APPRENTICESHIP?

What has made you interested in an Apprenticeship?

(You may like to include the following in your answer: why you are interested in engineering/science, details of any practical projects or experience you have and any ideas for your future career.)

Describe how successful you are likely to be and why.

EMPLOYMENT AND WORK EXPERIENCE DETAILS

(Include any full or part-time jobs)

COMPANY	POSITION	DATES (from-to)

If currently employed, how much notice are you required to give?



HOBBIES & INTERESTS

Please describe what you do in your spare time, including any involvement with clubs, societies and the like.

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Please supply the name and address of two people that TDR can contact for a reference for you.
(If still at school please ensure that one is a teacher)

Name:	
Contact Address:	
Contact Telephone Number:	
Relationship:	

I confirm that the information I have given is accurate and complete. I understand that any false or misleading information may result in the refusal or termination of acceptance onto the programme.
I understand that TDR will hold personal information about me for the purpose of this application and possible employment and will pass onto employer's non-personal information to appropriate employers during the recruitment process.
I agree to the processing and holding of such personal information by TDR for programme and recruitment purposes.

Signed:

Date:

Print Name:

TDR Training is committed to promoting Equality & Diversity in the recruitment of apprentices

Please return the completed application form to: Recruitment Manager

TDR Training Ltd
Textile House
Team Valley Trading Estate
Gateshead
NE11 0PZ

Tel: 0191 4911505 / Fax: 0191 4825640
Website: www.tdrtraining.co.uk



Strictly Confidential

TDR Ltd actively promotes equality and diversity in all of its training programmes. To ensure that we continue to do this we monitor the diversity of all learners participating in these programmes and ask that you complete this form. This will be used for statistical purposes only. In addition, should you have any medical problems the form will help identify any additional support or specialised equipment you may require.

Name _____
Please print your name

Date of Birth _____

1) Ethnic Background (Please ✓ which one applies)

11	Asian or Asian British – Bangladeshi	
12	Asian or Asian British – Indian	
13	Asian or Asian British – Pakistani	
14	Asian or Asian British – any other Asian background	
15	Black or Black British – African	
16	Black or Black British – Caribbean	
17	Black or Black British – any other Black background	
18	Chinese	

	Male	Female
19	Mixed – White and Asian	
20	Mixed – White and Black African	
21	Mixed – White and Black Caribbean	
22	Mixed – any other mixed background	
23	White – British	
24	White – Irish	
25	White – any other white background	
98	Any other	

The following statements about your health are required in order that we do not place you in a situation that might be harmful to you and will enable us to provide any additional specialist support/equipment necessary.

2) Health (Please ✓ any of the following that might need special attention)

01	Visual impairment (including colour blindness)	
02	Hearing impairment	
03	Disability affecting mobility	
04	Other physical disability	
05	Other medical condition (eg asthma, diabetes, epilepsy)	

07	Mental ill health	
08	Temporary disability after illness (eg accident)	
97	Other	
98	No disability	
99	Not known/information not provided	

Please give details of any medical conditions or health issues and associated medication.

3) Learning Requirements (Please ✓ any of the following that applies)

10	Dyslexia (impaired ability to read)	
11	Dyscalculia (number dyslexia)	
11a	Dyspraxia (lack of co-ordination)	

98	No learning difficulty	
99	Not known/information not provided	

I certify that the above information is correct to the best of my knowledge

Data Protection Act 1998

The information you provide will be passed to the Learning & Skills Council (LSC) who are responsible for funding, planning and encouraging education and training for young people and adults in England. TDR is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance and statistical and research purposes. Other organisations with which we share information include the Department for Innovation, Universities and Skills, Connexions, educational institutions and local employers delivering on-the-job training and work experience. From time to time learners are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision.

Tick box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research. The LSC or its partners may wish to contact you from time to time about courses, or learning opportunities that are relevant to you. **Tick box** if you do not wish to be contacted about courses or learning opportunities by post.

Learner Signature _____

Date _____

To be completed by TDR staff

Is additional support required?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please indicate what support the learner will require.

Any additional support to be discussed and agreed during initial assessment and entered onto Individual Learning Plan