



Application form number

PLEASE WRITE IN BLOCK CAPITALS USING A BLACK PEN

About your future career			
Which work areas are you interested in? Write 1 for your first choice, 2 for your second etc	Business Administration		Health & Social Care
	Early Years Care		Customer Service
	Sport and Recreation		Management
	Preparation for Employment Level 1 (E2E)		Train To Gain

About you	
Surname	Forenames
Date of Birth	N I Number
Address	Telephone ✓
	Home []
	Business []
	Mobile []
Post Code	e-mail address Please indicate preferred method of contact

Do you consider yourself to have a disability?	YES []	NO []
Are you currently in receipt of benefits?	YES []	NO []
Have you ever been looked after by the local authority? *	YES []	NO []
* If yes, please supply details of someone we can contact to help support your application, such as a key worker.		

Are there any adjustments that may be required to be made should you be invited for interview. If so, please state here:	
Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? If so, please provide details	YES [] NO []
If you are successful in your employment would you require a work permit prior to taking up employment?	YES [] NO []

ABOUT YOUR EDUCATION

Please list the examinations you have already taken with your results. Where you have not yet received your results please provide your predicted grades. (Please continue on a separate sheet if necessary)

Subject	Level (e.g. GCSE, A-Level)	Grade	Year obtained

ABOUT YOUR EMPLOYMENT/WORK EXPERIENCE

Please give details of any full-time, part-time or work experience positions you have held. (Your present employer will not be contacted without your permission).

NAME OF EMPLOYER	FROM	TO	POSITION HELD AND DUTIES

ABOUT YOUR HOBBIES AND INTERESTS

Please give details of your main hobbies and interests. Include details of any Organisations of which you are a member:

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ABOUT YOUR POSSIBLE FUTURE CAREER

Please tell us why you have applied to York Training Centre for an apprenticeship or an NVQ?

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For Apprentice applications only

Please note this page is to be completed and signed by a School/College/Employer/Character representative			
APPRENTICE ASSESSMENT			
	Personal assessment		Comments
Communication (Oral and Written)	Communicates and listens well	<input type="checkbox"/>	
	Reasonably clear powers of expression	<input type="checkbox"/>	
	Unable to communicate effectively	<input type="checkbox"/>	
Self Confidence	Self confident and sure	<input type="checkbox"/>	
	Generally self assured	<input type="checkbox"/>	
	Shy and nervous	<input type="checkbox"/>	
Flexibility	Adjusts approach to meet needs of situation	<input type="checkbox"/>	
	Adapts to change eventually	<input type="checkbox"/>	
	Inflexible and stubborn	<input type="checkbox"/>	
Conscientiousness	Conscientious and attentive	<input type="checkbox"/>	
	Moderately hard working	<input type="checkbox"/>	
	Lacking in effort and attention	<input type="checkbox"/>	
Self motivation	Quick to seize opportunities	<input type="checkbox"/>	
	Resourceful but prefers guidance	<input type="checkbox"/>	
	Lack of motivation	<input type="checkbox"/>	
Perseverance	Sticks to the task with minimum support	<input type="checkbox"/>	
	Will persevere with task with regular support	<input type="checkbox"/>	
	Leaves task incomplete/doesn't seek guidance	<input type="checkbox"/>	

	Outstanding	Good	Satisfactory	Inadequate
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude/behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signed **Position**

Name of establishment

Date

If you are unable to have the above form completed please provide details of two referees

Name
Address

Name
Address

Occupation

Occupation

Application number.....

This information will be detached from your application form before it is sent to the interviewer

Please tick the group which best describes your ethnic origin

Male Female

White
British Irish

Any other white please describe

Mixed

White and Black Caribbean White and Black African
White and Asian

Any other mixed background please describe

Asian or Asian British

Indian Pakistan Bangladeshi

Any other Asian background please describe.....

Black or black British

Caribbean African

Any other black background please describe

Chinese or other ethnic group

Chinese

Any other please describe

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