



APPLICATION FORM

for Apprenticeships starting 2010/2011

Please complete in BLOCK CAPITALS using a black ballpoint pen. To return this form just pop it in an envelope (NO STAMP REQUIRED) and send it to: Apprenticeship Centre, Peterborough Regional College, FREEPOST PE259, Park Crescent, Peterborough PE1 4BR.

PERSONAL DETAILS:

Title: Mr/Mrs/Miss/Ms/Other: Gender: M F Date of Birth: / / Age on 31/8/10

Forenames(s): Surname:

National Insurance Number:

Home address:

Postcode:

Home tel: Mobile tel:

E-mail:

EDUCATION:

Previous School / College:

Date of leaving: / /

EQUAL OPPORTUNITIES:

The College is committed to meeting the needs of people with learning difficulties or other additional needs. We offer a wide range of additional support measures (details available from the Information Centre) to enable you to successfully complete your course. Please let us know if you have an additional need arising from, for example, hearing or visual impairment, mental health difficulty, a medical condition (such as epilepsy or ME), or if you have dyslexia or you are a wheelchair user.

Do you wish to discuss your needs with a member of staff? Yes No
(This will assist us in meeting your needs.)

Please explain any special requirements you may have for your interview:

Please help us to monitor our equal opportunities policy by completing this section. This data will only be used for statistical analysis.

I consider my ethnic origin to be:

Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Pakistani <input type="checkbox"/>	Any other Asian background <input type="checkbox"/>	Mixed white and Asian <input type="checkbox"/>
Black African <input type="checkbox"/>	Black Caribbean <input type="checkbox"/>	Other black background <input type="checkbox"/>	Mixed white and Caribbean <input type="checkbox"/>	
Mixed white and black African <input type="checkbox"/>	Other mixed background <input type="checkbox"/>	Chinese <input type="checkbox"/>	White British <input type="checkbox"/>	
White Irish <input type="checkbox"/>	Any other white background <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to answer <input type="checkbox"/>	

RESIDENCY:

Please state your country of legal nationality

Are you an EU National who has been resident in the EEA for the past three years? Yes No If no please give date of entry / /

Have you been resident in England for the past three years? Yes No If no please give date of entry / /

Are you in the UK on a student Visa? Yes No

Do you, your spouse or parent/guardian have a time restriction on their passport? Yes No

Does any one of the following apply?

indefinite leave to remain exceptional leave to remain discretionary leave seeking asylum humanitarian protection other

APPRENTICESHIP CHOICE:

Please list the Apprenticeships you wish to study (in order of preference):

1st choice:

2nd choice:

Have you previously been on an Apprenticeship programme? Yes No

If yes, please give: Provider name (e.g. college or training provider):

Apprenticeship(s) studied: Date left / completed:

EMPLOYMENT DETAILS OF EMPLOYER OFFERING APPRENTICESHIP:

Company name: Your job title:
Name of manager / supervisor: E-mail:
Address:
 Postcode:
Tel: Fax: Mobile:

CURRENT EMPLOYMENT OR EMPLOYMENT HISTORY: *(Please continue on a separate sheet if required)*

Please provide details of any recent employment below (this can include part-time work):

Company name: Dates of employment:
Address:
Your job role and description of duties:

Can you provide a copy of your personal progress file / year 11 school report / National Record of Achievement? Yes No

QUALIFICATIONS:

Please list any qualifications or your predicted grades:

Subject studied and level	Date of exam	Grade/Estimated Grade
<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"/>

WHY DO YOU WANT TO DO AN APPRENTICESHIP?

Please give us a brief paragraph letting us know why you'd like to study for an Apprenticeship and what you hope to do in the future:

DECLARATION:

I understand that the information provided on this form may be used for any matter relating to my application and for statistical and research purposes by the College or organisations commissioned by the College. Information provided on ethnic origin or disability/learning difficulties will be treated as strictly confidential. The funding authority/Peterborough Regional College may wish to contact you in the future. If you do not wish to be contacted please tick the appropriate boxes. I do not wish to be contacted by the funding authority or Department for Education Skills . I do not wish to be contacted for market research purposes . I do not wish to be contacted by the College/funding authority in relation to courses, events or other services .

If you are over 18 and in receipt of a benefit, please state which one

Signature of Applicant Date / /

ADDITIONAL INFORMATION

Please tick if you are aware of any of the following sources of advertising by the College:

Newspaper	Radio	Event	Poster/banner	Other source
<input type="checkbox"/> N1 Evening Telegraph	<input type="checkbox"/> R1 Heart FM	<input type="checkbox"/> E1 Queensgate	<input type="checkbox"/> P1 Town	<input type="checkbox"/> X E-mail/text
<input type="checkbox"/> N2 Herald & Post	<input type="checkbox"/> R2 Lite FM	<input type="checkbox"/> E3 School Visit	<input type="checkbox"/> P2 School	<input type="checkbox"/> M Mail shot/e-mail
<input type="checkbox"/> N3 Hunts Post	<input type="checkbox"/> R3 Kiss FM	<input type="checkbox"/> E9 Other	<input type="checkbox"/> P3 Library	<input type="checkbox"/> W Website
<input type="checkbox"/> N4 Stamford Mercury	<input type="checkbox"/> R9 Other	<input type="checkbox"/> E4 Outside Peterborough	<input type="checkbox"/> P9 Other	<input type="checkbox"/> B Bus advert
<input type="checkbox"/> N5 Cambs Times			<input type="checkbox"/> A AA Signs	<input type="checkbox"/> C Connexions
<input type="checkbox"/> N9 Other			<input type="checkbox"/> M Mail shot/e-mail	<input type="checkbox"/> Z Other
			<input type="checkbox"/> W Website	<input type="checkbox"/> Y Yellow Pages/Phone Book