

Application Form

Personal Details

Title:	Mr / Mrs / Ms / Miss		
First Name (S):		Surname:	
Previous Surname:		Gender:	
Address:			
Mobile:		Daytime Tel No:	
Email:			
D/O/B:		Age:	
National Insurance Number:			
Parent/Guardian Name:		Relationship to you:	
Daytime Tel No:		Evening Tel No:	
Email:			

Nationality

Have you lived within the UK/EEA or EU for the last 3 years? (please ✓) Yes No

Nationality: _____

Residential Status (please ✓) British / EU Citizen Asylum Seeker Refugee Other

Health Checklist

Disability			
98 No Disability	<input type="checkbox"/>	01 Visual Impairment	<input type="checkbox"/>
02 Hearing	<input type="checkbox"/>	03 Mobility	<input type="checkbox"/>
04 Other Physical Disability	<input type="checkbox"/>	05 Epilepsy	<input type="checkbox"/>
05 Asthma	<input type="checkbox"/>	05 Diabetes	<input type="checkbox"/>
05 Other Medical Condition	<input type="checkbox"/>	06 Emotional Difficulties	<input type="checkbox"/>
06 Behavioural Difficulties	<input type="checkbox"/>	07 Mental Health	<input type="checkbox"/>
08 Temporary Disability	<input type="checkbox"/>	09 Profound Disability	<input type="checkbox"/>
10 Aspergers	<input type="checkbox"/>	90 Multiple Disabilities	<input type="checkbox"/>
97 Other (please state):			

Learning Difficulties			
98 No Learning Needs	<input type="checkbox"/>	01 Moderate Learning Needs	<input type="checkbox"/>
02 Severe Learning Needs	<input type="checkbox"/>	10 Dyslexia	<input type="checkbox"/>
11 Dyscalculia	<input type="checkbox"/>	19 Other Learning Needs	<input type="checkbox"/>
20 Autism Spectrum Disorder	<input type="checkbox"/>	90 Multiple Learning Needs	<input type="checkbox"/>
97 Other (please State):			

Please ✓ which of the following groups you belong to. This information is strictly confidential and will not be used to identify you personally.

White				Mixed / Multiple Ethnic Group				Other	
31 English/ Welsh/ Scottish/ N. Irish/ British	32 Irish	33 Gypsy or Irish Traveller	34 Any other White Back- ground	35 White and Black back- ground	36 White and Black African	37 White and Asian	38 Any other Mixed / Multiple Ethnic back- ground	47 Arab	98 Any other Ethnic back- ground
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Asian / Asian British						Black / African / Caribbean / Black British		
39 Indian	40 Pakistani	41 Bangladeshi	42 Chinese	43 Any other Asian background	36 White and Black African	44 African	45 Caribbean	46 Any other Black / African / Caribbean background
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Apprenticeship Details

Current Status	At school <input type="checkbox"/>	Sixth Form <input type="checkbox"/>	At college <input type="checkbox"/>	Employed <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Studying with training provider <input type="checkbox"/>
If at College/Training Provider please provide course title:						
Work Experience:						

School Attended:				
Date Attended:				
GCSE Grades:	English:	Maths:	Science:	ICT:
Any Other Qualifications: <i>Please state highest qualification achieved.</i>				

Additional Information

How will you travel to this vacancy?

Public Transport Own Car Walk Other Please state: _____

Did you receive any additional support whilst at school? (Please ✓) Yes No

Criminal Convictions

Do you have any criminal convictions? (Please ✓) Yes No If yes, please complete the Criminal Convictions Form.

Do you have a motoring offence for which a fine and / or maximum penalty points were imposed?
Yes No

Other

How did you hear about us? Social Media Referral Indeed Website
National Apprenticeship Website Other

Applicant Declaration

The Training Provider recognises that the information on this form constitutes sensitive personal data and by signing below you explicitly consent for the Training Provider collecting, holding, and otherwise processing this data, which may include liaising with any other agencies you are working with. The Training Provider will process this data only for legitimate reasons and for statistical use and will do so in a way that does not unjustifiably prejudice your own interests.

In signing this form, I confirm that the information provided is correct to the best of my knowledge, and I give T3 Training & Development permission to forward my CV to prospective Apprenticeship Employers and carry out a DBS if needed.

Apprentice applicant's signature: _____

Date: _____

Please submit to training@t3-uk.com once completed.

Section 2 – To be completed by T3 Training & Development.

To be completed by the person facilitating the Interview.

Initial Assessment Results	
Maths:	
English:	
Date the CV has been received and a copy is in the learner's file.	
Please use this section to record any further information.	

Facilitator's Name: _____

Facilitator's Signature: _____

Date: _____