

**Apprenticeship Application Form**

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| --- | --- | --- |
| First Name | Middle Name | Last Name |
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| --- | --- | --- | --- |
| Address |  | Date of Birth |  |
|  | | Gender |  |
|  | | Age |  |
| Postcode |  | NI Number (if known) |  |
| Telephone |  | Full Driving Licence | Yes/No (please delete as appropriate) |
| Mobile |  | Provisional Driving Licence | Yes/No (please delete as appropriate) |
| E-mail Address |  | Car Owner | Yes/No (please delete as appropriate) |

# Education

|  |  |  |
| --- | --- | --- |
| School / College / University | Start Date (Month/Year) | End Date (Month/Year) |
|  |  |  |
|  |  |  |
|  |  |  |

**Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Subject | Qualification Type  e.g. GCSE, NVQ, BTEC, Functional Skills | Predicted Grade | Achieved Grade | Date Achieved |
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**Prior Engineering Learning** *e.g. Engineering Level 2, Level 2 Performance Engineering Operations. Please quote the full qualification title.*

|  |  |  |  |
| --- | --- | --- | --- |
| From |  | To |  |
| Full Qualification Title |  | Level |  |
| Units Covered |  | | |
| From |  | To |  |
| Full Qualification Title |  | Level |  |
| Units  Covered |  | | |

# Apprenticeship Preference

*(Please indicate all apprenticeship roles you would consider)*

|  |  |  |
| --- | --- | --- |
| **Apprenticeship Main Type** | **Sub Category** | **Yes/No** |
| Advanced Engineering Apprenticeship L3 | Engineering Design/Quality Assurance - Office based |  |
| Advanced Engineering Apprenticeship L3 | Fabrication and Welding |  |
| Advanced Engineering Apprenticeship L3 | Fitting |  |
| Advanced Engineering Apprenticeship L3 | Machining/CNC/Toolmaking/Die Maintenance |  |
| Advanced Engineering Apprenticeship L3 | Maintenance |  |
| Advanced Engineering Apprenticeship L3 | Safety, Health and Environment |  |
| Advanced Engineering Apprenticeship L3 | Technical Support - Office based |  |
| Higher Apprenticeship L4 | Improvement Practitioner |  |
| Higher Engineering Apprenticeship L4 Candidates must have A‘ Level Engineering or an Engineering Level 3 Qualifications | Manufacturing/Maintenance |  |
| Higher Engineering Apprenticeship L4 Candidates must have A‘ Level Engineering or an Engineering Level 3 Qualifications | Process Lead |  |

# Career History/ Work Experience / Volunteering

*Please describe in detail.*

|  |  |  |
| --- | --- | --- |
| **Employer / Duties** | **Date From** | **Date To** |
| Name: |  |  |
| Duties: | | |
| Name: |  |  |
| Duties: | | |
| Name: |  |  |
| Duties: | | |

# Career Objectives

*Why are you interested in pursuing an apprenticeship in engineering?*

# Personal Statement

*Please provide a personal statement containing at least 300 words detailing your interest in engineering, any relevant experiences that have prepared you for this apprenticeship and what you hope to gain from and contribute to our programme.*

*Please include the following: Your motivation for choosing engineering and this apprenticeship, any academic project or extracurricular activities that demonstrate your skills and interests, personal qualities that make you a good candidate for this opportunity, an explanation of how this apprenticeship aligns with your long-term career objectives.*

## Equality Act 2010

## The Equality Act 2010 defines a disability as "A physical or mental impairment that has a substantial and long term effect on a person’s ability to carry out normal day-to-day activities". Would you class yourself as having a disability as defined under the Act? *Please put an ‘x’ in the box(s) that applies to you.*

|  |  |  |  |
| --- | --- | --- | --- |
| 01 Visual impairment (including Colour blindness) |  | 07 Mental ill health |  |
| 02 Hearing impairment |  | 08 Temporary disability after illness (eg. accident) |  |
| 03 Disability affecting mobility |  | 97 Other |  |
| 04 Other physical disability |  | 98 No Disability |  |
| 05 Other medical conditions (eg. Asthma diabetes epilepsy) |  | 99 Not known/information not provided |  |

## Rehabilitation of Offenders Act 1974

Information disclosed will not necessarily prevent you from studying this course of your choice. However, if you

have previous unspent convictions that you do not disclose and this is discovered you may be refused a place or asked to leave the course.

|  |  |
| --- | --- |
| Have you ever been convicted of a criminal offence, or been made subject of an Order, civil or criminal, made by a Court of Law, involving offences against the person, property, children, or the handling of money? | Yes/No (please delete as appropriate) |

## Learning Requirements

|  |  |  |  |
| --- | --- | --- | --- |
| 0 Dyslexia (Impaired ability to read) |  | 98 No learning difficulty |  |
| 11 Dyscalculia (number dyslexia) |  | 99 Not known/information not provided |  |
| 11a Dyspraxia (lack of co-ordination) |  |  |  |

If you select parts 0, 11,11a - Evidence will be required in the form of a medical certificate/statement. *Please put an ‘x’ in the box(s) that applies to you.*

|  |  |
| --- | --- |
| **Support Needs** | |
| Do you need support with Maths, English or ESOL? | Yes/No (please delete as appropriate) |
| Do you have a learning difficulty/ disability/ health problem/ any illness that affects your learning | Yes/No (please delete as appropriate) |
| Do you have a Local Authority Education Health & Care Plan / EHCP? | Yes/No (please delete as appropriate) |
| Are you entitled to special exam arrangements e.g. separate room / reader? | Yes/No (please delete as appropriate) |

If yes to any of the above, please give details including date of EHCP or most recent annual review.

## Education Act 2002

The information disclosed will not necessarily prevent you from studying this course of your choice. However, if you have previously been excluded from school/college and you do not disclose, and this is discovered you may be refused a place or asked to leave the course.

|  |  |
| --- | --- |
| Have you ever faced a temporary suspension or permanent exclusion from secondary school/college? | Yes/No (please delete as appropriate) |

|  |  |
| --- | --- |
| Specific Vacancy Reference Number (if applicable) |  |
| Are you happy for Seta to forward your details to other employers? | Yes/No (please delete as appropriate) |
| Please provide a school/college/university/employer contact name, number and email address for someone that is able to give you a current reference. |  |

## If under 19 years of age, please ensure that Parent/Guardian details are completed.

|  |  |
| --- | --- |
| Parent / Guardian Name |  |
| Parent / Guardian Address |  |
| Parent / Guardian Postcode |  |
| Parent / Guardian Telephone Number |  |
| Parent / Guardian Email address |  |

**Applicant Declaration**

By submitting this form, I certify that the information, which I have given, is correct to the best of my knowledge. I understand that it will be processed by computer and used in accordance with the registrations made by Seta Limited under the terms of GDPR. I agree that the information on this form may be passed to prospective employers and other organisations directly associated with funding education support and guidance.

Please email your completed application form to [**Apprentice.Applications@seta.co.uk**](mailto:Apprentice.Applications@seta.co.uk)

If you have any queries regarding your application, please email [**Apprentice.Applications@seta.co.uk**](mailto:Apprentice.Applications@seta.co.uk) or call us on 0191 4162860.