



Gloucestershire Engineering Training Application Form

ONCE COMPLETED PLEASE SEND THIS APPLICATION FORM TO SARAH FLINTER (LEARNER CO-ORDINATOR)

S.FLINTER@GET-TRAINED.ORG OR POST TO:

GLOUCESTERSHIRE ENGINEERING TRAINING

UNIT 2.7 BARNWOOD POINT

CORINIUM AVENUE, BARNWOOD

GLOUCESTER GL4 3HX

PERSONAL DETAILS:			
Mr/Mrs/Miss/Ms/MX/etc:			
Surname:			
Forename(s):			
Date of birth:		National Insurance Number:	
Address:			
Postcode:		Have you been resident in the UK for the last 3 years?: YES / NO	
Telephone No:		Mobile No:	
Email address:			
Emergency Contact Details:			
Name:		Contact number(s) :	
Relationship to you:			
I AM INTERESTED IN THE FOLLOWING COURSE:			
APPRENTICESHIP / HNC / HND / BRIDGING STUDIES / DIRECT NVQ / LVL 3 DIPLOMA – OTHER (PLEASE STATE BELOW)			
EMPLOYMENT:			
Please enter details of current employment including any job offers relating to this application, then any previous employment in date order (you may include details of voluntary work)			
Current Employer's name and address	Nature of work	From (date)	To (date)
Previous Employer's name and address	Nature of work	From (date)	To (date)

QUALIFICATIONS AND TRAINING: - please list all your relevant qualifications (specifically in Maths/English/ICT/ Science/Engineering) and complete on a separate sheet if necessary

Name of last school attended:

Age upon leaving school:

Are you currently on any other government funded training? ** YES / NO

Do you have or are you currently studying any Higher National Qualification or Degree? ** YES / NO

Subject	Course (A LEVEL/ GCSE/NVQ etc)	Results		Date achieved (if applicable)	Copy of certificate provided, if not please state why **
		Predicted	Actual		
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO
					YES / NO

FURTHER INFORMATION: - Use this space to tell us why you are interested in a Qualification in engineering

DECLARATION:

I confirm that the information I have provided on this form is correct and I agree this information can be shared with prospective employers if required.

** I understand that failure to provide accurate information and/or copies of certificates may affect this application or access to any available funding

Signature of applicant:

Date:

ADDITIONAL SUPPORT QUESTIONNAIRE: (Providing this information is optional but will help us to support you throughout your time with us)

Name:

1. Do you have any health or medical conditions? (Consider allergies too)

Yes No

If you answered 'Yes' please give details:

2. Do you have a disability? If you answered 'Yes' please give details:

Yes No

3. Do you require any support during your learning? If you answered 'Yes' please give details:

Yes No

(you have Dyslexia, Dyspraxia, Colour Blind etc)

4. Did you have any additional support at school/college? If you answered 'Yes' please give details:

Yes No

5. Is there any other support you would require whilst at GET? If you answered 'Yes' please give details:

Yes No

EQUALITY OF OPPORTUNITY:

Gender:

Female Male Trans Prefer not to say

Ethnicity:

- Bangladeshi
- Black African
- Black Caribbean
- Black other
- Chinese
- Indian
- Pakistani
- White
- Other ethnic group
- Other Asian

Nationality: