

North Humberside Motor Trades Group Training Association
The Riley Centre, Parkfield Drive, Anlaby Road, Hull. HU3 6TB

APPRENTICESHIP AND ADVANCED APPRENTICESHIP

PERSONAL DETAILS

NAME _____ ADDRESS _____

POSTCODE _____ TEL NUMBER _____ DATE of BIRTH _____

NAT. INSURANCE NUMBER _____ SEX (MALE OR FEMALE) _____

JOB PREFERENCES

PLEASE INDICATE WHICH JOBS YOU ARE INTERESTED IN

LIGHT VEHICLES
HEAVY VEHICLES
VEHICLE PAINT
PARTS

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BUSINESS ADMINISTRATION
CUSTOMER SERVICES
VEHICLE BODY REPAIR

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EDUCATION SCHOOL/COLLEGE _____ LEAVING DATE _____

(Currently attending or last one attended)

| Subject /Course Studied | GCSE/NVQ GNVQ | RESULT (If known) |
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| Subject /Course Studied (Continued) | GCSE/NVQ GNVQ | RESULT (If known) |
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JOB/TRAINING/WORK EXPERIENCE

Have you ever had?

A job including Saturday or holiday?

YES NO

Any previous experience of training?

YES NO

Any work experience arranged by school/college?

YES NO

If you have answered YES to any of these questions please give details below

| Name of Company/Organisation | Type of work/Course | Job/Training/Work Experience | Date started | Date Finished |
|------------------------------|---------------------|------------------------------|--------------|---------------|
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HOBBIES/INTERESTS/SPARE TIME ACTIVITIES

HEALTH

Health factors may affect the job you want to do. If you have any health problems or medical conditions (e.g. asthma, bronchitis, eczema, defective colour vision) please give more details in the space below.

IS THERE ANYTHING ELSE THAT WOULD HELP YOUR APPLICATION?

SIGNATURE OF APPLICANT _____ DATE _____