



Application Form for an Apprenticeship

PRIVATE AND CONFIDENTIAL

oprenticesh	nip Applied For:						
		PERS	SONAL DETAILS				
Surname Address			Forename Home Phone Mobile Email				
Do you require a work permit to work in the UK? Yes No It is unlawful to employ a person who does not have permission to work in the UK. The Travellers Choice will not be able to employ you if you cannot produce appropriate documentation when requested.							
(You may like	e to include in your	answer why you are		ellers Choice? apprenticeship; details of any practical			
projects or ex	<i>«periences you hav</i>	e; and any ideas for	your future career.)				
ų.							

EDUCATION AND QUALIFICATIONS

School	From	То	Qualifications Obtained/Predicted	(subject and grade e.g. GCSE)

College	From	То	Qualifications Obtained/Predicted (subject and grade e.g. A-Level / Degree)

Please give details of positions of responsibility held (Schools or Clubs)						

WORK EXPERIENCE

Please complete the following section in date order beginning with your current or most recent employment.

Name & Address of Employer	From	То	Position Held and Duties Performed		

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SUPPORTING INFORMATION

Please give details of interests, hobbid determined to succeed):	es and pastimes re	elevant to this role. (Yo	u could describe a time	where you were
Please detail the qualities you feel you The Travellers Choice:	ou possess that ma	ake you an ideal candid	ate for an apprenticeshi	p at
* - *				
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Please describe what you anticipate	to be the most bei	neticial aspects of unde	rtaking this specific app	renticeship.
	Park Caraba		des elelle des es	d aumanianaa
Please use this section to support y you have gained and how they will	our application by assist you in your	apprenticeship.	ılar skilis, knowledge an	a experience
		···		
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REFERENCES

Any offer of employment is subject to us receiving two references which we deem satisfactory. You may give both references from your school / college, or one from school and one from an employer. Please give names, telephone numbers, email addresses and occupations of the two referees.

Name:	:	Name:				
Position:		Position:				
Address:		Address:				
Phone:		Phone:				
Email:	7 h	Email:				
			,:			
CONDITIONS OF APPLICATION AND EMPLOYMENT						
When vou complete this	form, you accept that employment w	th The Travellers Choice is subject to the following	1			

conditions:

- Satisfactory references will be required (see above)
- Passport or identification documents must be produced in compliance with Home Office Legislation.
- An employment medical must be passed.
- Evidence of any relevant qualifications must be produced.

Declaration:

I certify that the information given on this application form including the Equal Opportunities Monitoring Form is correct.

I understand that any willful omission or falsification may lead to the disqualification of this application or dismissal if appointed.

Signed	 Date	
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RETURN COMPLETED FORMS TO:

Apprentice Recruitment The Travellers Choice **Scotland Road** Carnforth LA5 9RQ

Or

mark@travellerschoice.co.uk

HOW WE STORE AND USE YOUR DATA

All or parts of the information on this form may be stored on computer files and used for the purpose of personnel administration, your future employment within the Company if successful, statistical and business analysis. If you are not successful for a position with the Company, your data will be stored for a period of 2 years after which it will be destroyed Such use will be subject to the provision of the Data Protection Act 2018 and relevant subsequent legislation.

EQUAL OPPORTUNITIES MONITORING FORM

Please complete this form in order to help us monitor Equal Opportunities in Employment. This form will be kept

separate from your application form, and has no part in the selection process. Surname Forename(s) **Position Applied For Gender Monitoring** Please tick appropriate box Male **Female Age Monitoring National Date of Birth** Insurance No. **Ethnicity Monitoring** Please check the box which best describes your ethnic / cultural / racial origin: BLACK WHITE ASIAN CHINESE ☐ British ☐ White & Black Caribbean ☐ Indian ☐ Caribbean ☐ Chinese English □ Pakistani ☐ African ☐ Scottish ☐ Bangladeshi ☐ Other □ Other ☐ Welsh ☐ Other ☐ Irish □ Other DISABILITY MONITORING Do you suffer with a disability as defined by the DDA, or a long term health condition? Yes No What is the effect or impact of your disability or health condition? Are there any reasonable adjustments that would need to be made? **REHABILITATION OF OFFENDERS ACT 1974** Have you ever been convicted of a criminal offence (spent convictions do not need to be declared) under the Rehabilitation of Offenders Act 1974? No Yes (if yes please give information) Signed. _ Date __

FOR OFFICE USE ONLY. ON DATABASE

