

Applicant's full name:

Date of birth:

Date of application:

NELSON AND COLNE  
COLLEGE

Business Centre

Application for  
**The Apprenticeship Academy**



**Remember!**

Take your Record of Achievement/Progress File with you  
when you attend your interviews.

A LONG-STANDING TRADITION OF EXCELLENCE

### 1 Apprenticeships learning provider

Which learning provider are you applying to on this form?

**Nelson and Colne College**

How did you find out about this learning provider?

- Connexions     Advertisement     School   
 Internet     Employer   
 Careers Convention     Jobcentre Plus

**Please tick appropriate box(es)**

Other - please state which

### 2 Type of job/training

What kind of job/training do you want?

1st choice:

2nd choice:

### 3 Personal details

Title    Mr     Mrs     Miss     Ms     Are you:    Male    Female

Last name:

First name(s):

Address:

  


Postcode:

Telephone:

Mobile:

Email:

Age:

Date of birth:

National insurance no. (if known)

**To help us see how our equal opportunities policy is working, please tell us to which of these groups you belong.**

- Asian or Asian British - Bangladeshi     Mixed - White and Black African   
 Asian or Asian British - Indian     Mixed - White and Black Caribbean   
 Asian or Asian British - Pakistani     Mixed - White and any other Mixed background   
 Asian or Asian British - any other Asian background     White - any other White background   
 Black or Black British - African     Chinese   
 Black or Black British - Caribbean     White - British   
 Black or Black British - any other Black background     White - Irish   
 Mixed - White and Asian     Other

### 4 Parent/guardian(s) Complete this **only** if different from your own address

Last name:

First name(s):

Address:

  


Postcode:

Telephone:

## 5 Education

Name and address of most recent **school**

From (year)

Date leaving/left school

Name and address of **college** or **sixth form** attended

From (year)

Date leaving/left school

Name and address of current **full-time employer** if applicable

## 6 Qualifications being studied for or already taken

Subject	GCSE, A Level, GNVQ, NVQ or other type of qualification	Grades		Year exam taken
		Expected	Achieved	

## 7 Previous training Ignore this section if you have just left school or college

If you have previously done any work-based training, including Apprenticeships or NVQ Learning, please give details.

Learning provider's name	Type of job/training	From (month/year)	To (month/year)

## 8 Previous work experience/employment

Please give details of previous school/college-based work experience, and full or part-time employment other than Apprenticeships or NVQ Learning.

Company name and address	Type of work experience/employment	From (month/year)	To (month/year)

### 9 Additional information

Use this space to give additional information to support your application, e.g. activities in and out of school, other relevant achievements such as positions of responsibility, and an indication as to why you have chosen this particular occupation. (Continue on a separate piece of paper if necessary).


### 10 Health record

The aim of this section is to ensure you are able to access your preferred choice of employment unless the risks to your safety and health cannot be controlled. We will make every effort to help you achieve your goals.

To help your learning provider place you in an appropriate job or training placement and to help you with any additional support you may need, please provide the following information. If you need help to complete this section please ask your learning provider.

Do you have/experience any of the following?

- |                       |                          |                      |                          |                      |                          |
|-----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| Epilepsy              | <input type="checkbox"/> | Skin complaints      | <input type="checkbox"/> | Heart condition      | <input type="checkbox"/> |
| Asthma/bronchitis     | <input type="checkbox"/> | Hearing impairments  | <input type="checkbox"/> | Visual impairment    | <input type="checkbox"/> |
| Colour blindness      | <input type="checkbox"/> | Diabetes             | <input type="checkbox"/> | Dyslexia             | <input type="checkbox"/> |
| Arthritis/rheumatism  | <input type="checkbox"/> | Physical injuries to |                          | Other (if yes please |                          |
| Learning difficulties | <input type="checkbox"/> | back, arms or legs   | <input type="checkbox"/> | specify below)       | <input type="checkbox"/> |

--

### 11 GeneSys assessment

As part of the application process you will be asked to take a GeneSys assessment. Have you already done this?

Yes

No

If YES, with which learning provider?

When? Month  Year

Data Protection Act 1998: In order to make sure that you are not asked to attend for a GeneSys assessment more than once in the same year we will need to pass your results to the other learning providers you have applied to. The information on this form may also be shared with other learning providers, the national Connexions Service and potential employers.

Please tick this box if do NOT want your details passed on

When you have completed as much of this form as you can, please sign in this box.

--

Date: