

Pickering Apprenticeship Application Form 2018/2019

(Please note, this form is also downloadable from pickeringapprentice.com)



1. Applicant Details (please complete in block capitals)

Surname	<input type="text"/>																										
First Name(s)	<input type="text"/>																										
Title (please circle)	Mr / Miss / Mrs / Ms																										
email address	<input type="text"/>																										
Contact address	<input type="text"/>																										
Postcode	<input type="text"/>								National Insurance No.	<input type="text"/>																	
Home Telephone No.	<input type="text"/>								Mobile No.	<input type="text"/>																	

2. Apprenticeship Scheme Selection (please indicate your choice(s) by ticking the appropriate box(es))

Electronics Engineering <input type="checkbox"/>	Software Engineering <input type="checkbox"/>	Mechanical Engineering <input type="checkbox"/>	Production Engineering <input type="checkbox"/>
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For Applicants currently in Full Time education, please complete Sections 3, 4 and 6

For Applicants currently outside of Full Time education, please complete Sections 3, 4, 5 and 6

3. Achieved/Predicted Grades

(Please include all subjects in which you have gained a qualification or are currently studying for (predicted grades))

Qualification	Subject	Predicted Grade	Grade Achieved	Year

Name of current school/college including contact details. (Please be aware we may contact your current school/college to confirm your predicted grades).	<input type="text"/>
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Date of leaving (if applicable)	<input type="text"/>
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4. Any other information to support your application Why should we choose you?

Empty text area for providing additional information to support the application.

5. Work Experience/History

Employer	Type of Work	To/From (Date)

All Applicants - Please answer the following as fully as you can:

Tell us what has been your biggest achievement to date?

Empty text area for describing the applicant's biggest achievement to date.

To date tell us what has been your biggest challenge?

Empty text area for describing the applicant's biggest challenge to date.

6. Applicant's Declaration

I confirm that the information given on this form is correct to the best of my knowledge and agree the following terms. Pickering Group are able to store and process personal and sensitive data collected on this form or other data obtained from me or other relevant people for any purpose connected with my application in accordance with the Data Protection Act 1998.

I understand that Pickering Group may share information with Local Authorities, the Department of Education, the Department for Business Innovation and Skills or my school.

I authorise my school/college to provide Pickering Group with information regarding predicted grades and general information about my progress.

Signed Date

Please return your completed application form by email to apprentice@pickering-group.com or post to:

Pickering Apprenticeships
Pickering
Stephenson Road
Clacton-on-Sea
Essex
CO15 4NL

If you need any further information or guidance regarding completing the form call (01255) 428141 or (01255) 687900