

ACADEMY:



Apprenticeship Application Form

Please complete all sections of this form and send it back to:
**Future Strategies Consulting Ltd, Segedunum Business Centre, Station Road,
 Wallsend Tyne & Wear NE28 6HQ**

Section 1 Apprentice Details

First Name(s) _____ Surname _____

Address _____

Post Code _____ Date of Birth ____/____/____

Telephone Number _____ Mobile Number _____

E-Mail Address _____ National Insurance Number _____

Apprenticeship programme you are applying for

TITLE (Health & Social Care, Admin etc) _____

E-Learning	<input type="checkbox"/>	Paper based	<input type="checkbox"/>	Assessor	<input type="checkbox"/>	Placement Officer	<input type="checkbox"/>
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Section 3 Your Employment/Training Record

Please list your work and training record for the past ten years.

Organisation Name	Job Title/Training Course	Start Date	End Date

Are you currently in training or education? Yes / No

If yes, please give details _____

Have you been an apprentice before? Yes / No

If yes, please give details _____

Criminal Record – Do you have a criminal record (including cautions) or a court case pending?

Yes /No

(Spent convictions need not be disclosed. Failure to disclose unspent convictions or a criminal record could result in expulsion. If you would like advice on unspent convictions please contact NACRO 0207 8406464). Please provide details below. Alternatively, a written statement can be enclosed with your application form in a sealed envelope marked 'Private and confidential – Apprenticeship Coordinator Future Strategies Ltd

Section 4 Your Qualifications

Only include achievements that you can provide evidence for, such as certificates. You may have to contact your school to collect these. If you are still at school and have recorded predicted grades you will need to supply a copy of this prediction's from your school if you do not have a copy.

Subject	Type (GCSE, A Level, Key Skill, Btec etc)	Achieved Date /To be taken

Section 5 Apprentices Statistics

Learning Difficulties/Disabilities and/or Health Problems

Do you have a learning difficulty or health problem which will affect the apprenticeship you wish to follow: Yes/No

Please tick the relevant box.

Moderate learning difficulty	<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Temporary disability after illness	<input type="checkbox"/>
Severe learning difficulty	<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Profound/Complex disability	<input type="checkbox"/>
Dyslexia	<input type="checkbox"/>	Disability affecting mobility	<input type="checkbox"/>	Multiple disability	<input type="checkbox"/>
Dyscalculia	<input type="checkbox"/>	Other physical disability	<input type="checkbox"/>	Other – please give details below	<input type="checkbox"/>
Other specific learning difficulty	<input type="checkbox"/>	Other medical condition	<input type="checkbox"/>		
Multiple learning difficulties	<input type="checkbox"/>	Emotional/behaviour problems	<input type="checkbox"/>		
Other	<input type="checkbox"/>	Mental ill health	<input type="checkbox"/>		

Do you have any medical conditions we should know about? (eg allergies, diabetes, epilepsy etc)	Yes / No
If Yes, please give details	

Collection of ethnically based statistics on apprentices Please tick the relevant box.

Do not know/wish to discuss	99	<input type="checkbox"/>	Mixed – White and Asian	19	<input type="checkbox"/>
Asian or Asian British - Bangladeshi	11	<input type="checkbox"/>	Mixed – White and Black African	20	<input type="checkbox"/>
Asian or Asian British – Indian	12	<input type="checkbox"/>	Mixed – White and Black Caribbean	21	<input type="checkbox"/>
Asian or Asian British – Pakistani	13	<input type="checkbox"/>	Mixed – any other mixed background	22	<input type="checkbox"/>
Asian or Asian British – any other Asian background	14	<input type="checkbox"/>	White – British	23	<input type="checkbox"/>
Black or Black British – African	15	<input type="checkbox"/>	White – Irish	24	<input type="checkbox"/>
Black or Black British – Caribbean	16	<input type="checkbox"/>	White – any other white background	25	<input type="checkbox"/>
Black or Black British – any other Black background	17	<input type="checkbox"/>	Any other	98	<input type="checkbox"/>
Chinese	18	<input type="checkbox"/>			

Personal Statement

Please give details of your hobbies and interests.

Please state why you want to enrol on an apprenticeship with Future Strategies

Can you please State in the Box below were you heard about Future Strategies?

For example if it is connexions can you please sate the connexions branch?

References - Please provide the names and addresses of two people who know you well, and who are not family members, for example teachers, employers or neighbours. Please include at least one reference from your most recent school or college.

Reference 1

Reference 2

Name _____

Name _____

Job title (if any) _____

Job title (if any) _____

Address _____

Address _____

Post Code _____

Post Code _____

Phone _____

Phone _____

Declaration

I understand that any false information or omissions may disqualify my application and I confirm that I am at least 16 years of age and legally entitled to leave school. I agree that my personal data may be passed to a 3rd party in connection with my studies or future employment

Signature _____ Date _____

Future Strategies is an equal opportunity provider

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