



HUMBERSIDE ENGINEERING TRAINING ASSOCIATION LTD

CONFIDENTIAL APPLICATION FOR APPRENTICESHIPS

PLEASE USE BLOCK CAPITALS

Personal Details

Surname..... Forename/s..... Title.....

Address.....

.....Postcode.....

Telephone: Home..... Mobile.....

E-mail address..... Date of Birth.....

Where did you hear about HETA Modern Apprenticeships? (Please Circle the first source ONLY)

School Careers Convention; Family/Friends; Connexions; Other; (Please indicate) _____

Newspaper Ad (Please state which publication e.g. Hull Daily Mail/Grimsby Telegraph); _____

Interests/Hobbies

Have you ever been convicted of a criminal offence? (Declaration subject to the Rehabilitation of Offenders Act).

Please give the name, address & job title of two people who we may contact to provide references (at least one should be from either your current school or your current employer)

Name Name

Address Address

Job Title/Position Job Title/Position

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal. I hereby agree that a copy of this application may be passed on to any potential employer requesting my details from HETA Ltd and medical information can be kept and disclosed to relevant parties during my apprenticeship.

Signature..... Date.....

QUALIFICATIONS

Name _____

SECONDARY SCHOOL ATTENDED	Date from	Date to

GCSE SUBJECTS	Predicted Grades <i>Please note that we will seek verification of your predicted grades from your school</i>	Actual Grades & Dates Achieved

ANY OTHER QUALIFICATIONS (BTEC, GNVQ, KEY SKILLS etc)					
College/School etc	Date from	Date to	Type of Course	Subject	Qualifications

HOLIDAYS (Please note the dates & duration of any pre-booked holidays you have for 2008)

EXTRA INFORMATION

Name _____

Use the space below to introduce yourself and to explain why your ambition is to have a career in engineering. Suggest what personal qualities you have that will help make you successful

Have you had any previous participation in NVQ training?

If yes, please give details

Have you had any previous employment (full or part time)?

If yes, please give details of employer, dates of employment and job role.

Do you have any Special Educational Needs?

If yes, please give details

If you have a preference, please state which trade you are interested in applying for

MEDICAL QUESTIONNAIRE

Name _____

Please complete the questionnaire below. The information is required with your interests in mind.

A. Do you suffer from or have you ever had:-			
Diabetes	Yes/No	Skin rashes/eczema	Yes/No
High Blood Pressure	Yes/No	Anaemia	Yes/No
Asthma	Yes/No	Headaches(frequent)	Yes/No
Cough (frequent)	Yes/No	Heart trouble	Yes/No
Rheumatic fever	Yes/No	Chest trouble	Yes/No
Arthritis	Yes/No	Fainting or dizziness	Yes/No
Epilepsy/fits	Yes/No	Hay fever	Yes/No
Shortness of breath	Yes/No	Jaundice	Yes/No
Colour Blindness	Yes/No	Dyslexia	Yes/No
		Swelling of legs/ankles	Yes/No
		Prostate problems	Yes/No
		Varicose Veins	Yes/No
		Rupture	Yes/No
		Back trouble	Yes/No
		Ear trouble	Yes/No
		Eye trouble	Yes/No
		Nerve trouble	Yes/No
B. Have you at any time:	NO	YES	Please give details where applicable
1. Had an operation?			
2. Been seriously injured?			
3. Received in-patient treatment for a physical or mental condition?			
4. Been refused or dismissed from employment for health reasons?			
5. Been registered disabled?			Card No. Expiry Date:
8. Been made ill by your work?			
7. Been refused a driver's licence because of ill health?			
8. Do you have any allergies?			
9. What is your blood group? IF KNOWN			
10. Have you ever had a serious head injury?			
11. Do you wear prescription spectacles on a daily basis?			
12. Do you take prescribed medication on a regular basis			
13. Do you suffer from any other ailments?			

EQUAL OPPORTUNITIES MONITORING

This page is for monitoring purposes only, and will be removed from your application before the short-listing process commences.

Additional Personal Details

Applicants are requested to tick the relevant boxes below to enable the company to monitor its equal opportunities policy. Monitoring is recommended by the Codes of Practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex and marital status. This information is used for no other purpose and will be treated as confidential.

Male Female

Ethnic Group:

Bangladeshi Indian Pakistani Other-Asian Black-African Black-Caribbean
11 12 13 14 15 16

Black-other Chinese Mixed-White & Asian Mixed-White & Black African
17 18 19 20

Mixed-White & Black Caribbean Mixed-Other White-British White-Irish White-Other
21 22 23 24 25

Do you: Own a car? Yes/No
Have a current driving licence? Provisional Full HGV No
Have any current endorsements? (give details)

Are you in good health? Yes/No

To enable us to support you, please describe any disabilities/medical conditions.

Please return your completed application to:

For Hull Apprenticeships

The Office Administrator
HETA Ltd
Copenhagen Road
Sutton Fields Industrial Estate
Hull
HU7 0XJ

Tel – 01482 826635

For Grimsby Apprenticeships

The Office Administrator
HETA Ltd
c/o CATCH
Kiln Lane
Stallingborough
DN41 8TH

Tel – 01469 552880

