



Apprentice Application Form

Please complete the form and email to *michelle@gfelectrical.co.uk* before the closing date.

Contact Information

Name

Address

Postcode

NI No.

Email:

Tel:

Have you been accepted on a course? Yes No

Course location

Type of course

Education History

School From Year to

Qualifications

Subjects	Qualification	Grade	Expected Grade	Date

College From Year to

Subjects/Course	Qualification/Level	Grade	Expected Grade	Date

Other qualifications or training undertaken

Work Experience / History

Employer	Type of Work	From	To

Do you hold a current driving license?

Yes

No

About You

What are your hobbies? What are you really passionate about and why?

Tell us about your strengths.

Please answer fully:

What personal skills would you like to improve?

Tell us about something that you have achieved or done that you are particularly proud of?

Why have you chosen an Electrical apprenticeship?

Why do you want to be considered for our apprenticeship?

References: *Please give the names, contact details of two referees - other than your relatives - who we can approach.*

Name	Tel	Email	Connection to you

I can confirm that to the best of my knowledge the above information is correct.

Signature

Date

I understand that GF Electrical Ltd, and any other relevant person may use the information contained in this form for the purpose of monitoring equal opportunity, non discrimination and the effectiveness of its recruitment procedures and I consent to its use.

Please tick this box to confirm that your are happy for GF electrical Ltd to temporarily hold your data for recruitment purposes.