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**TRAINING TRUST  
APPLICATION FORM**



Your Full Name:	
Address:	Gender: M <input type="checkbox"/> F <input type="checkbox"/>
	Date of Birth:                      Age:
	Email Address:
Postcode:	National Insurance No:
Home Telephone:	School Name:
Mobile Telephone:	College Name:

Apprenticeships Offered Please tick the one(s) you are interested in :	If you are employed in your chosen area of interest, please supply company details below:		
ADMINISTRATION <input type="checkbox"/> CARPENTRY <input type="checkbox"/> CHILDCARE <input type="checkbox"/> DOMESTIC INSTALLATION <input type="checkbox"/> ELECTRICAL INSTALLATION <input type="checkbox"/>	Are you currently working? YES <input type="checkbox"/> NO <input type="checkbox"/>		Company Address:  
			Contact Name:                      Telephone No:
	Please give qualification details on the subjects below, (either received or predicted): Attach other Qualifications on a separate sheet.		
	Maths:	English:	ICT:
When are you due to leave or when did you leave school? DATE:	Are you a Disabled Person? YES <input type="checkbox"/> NO <input type="checkbox"/>		
How did you hear about us? (If Connexions, please indicate which Office?	Have you applied to the Training Trust before? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If you require any assistance gaining access to our building or with the initial Assessment process, please detail below:	Have you a Learning Difficulty? (e.g.) Dyslexia, Dyspraxia etc) YES <input type="checkbox"/> NO <input type="checkbox"/>		
You will be given a Computer Based initial Assessment unless you tick here for a paper based Assessment: <input type="checkbox"/>			
Please tick the box next to your perceived ethnic origin:			
Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Other Asian <input type="checkbox"/> Black African <input type="checkbox"/> Black Caribbean <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Mixed White/Asian <input type="checkbox"/> Mixed White/Black African <input type="checkbox"/> Mixed White/Black Caribbean <input type="checkbox"/> Any other Mixed <input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> Any other White Background <input type="checkbox"/> Other <input type="checkbox"/> Not Known <input type="checkbox"/>			
<b>THE DETAILS SHOWN WITHIN THIS APPLICATION FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE:</b>			
SIGNATURE:		DATE:	

Please return your completed Application Form to:  
**TRAINING TRUST**  
**Commercial House, 406-410 Eastern Avenue,**  
**Gants Hill, Ilford, Essex IG2 6NQ**  
 Telephone: 020 8518 1344    Fax: 020 8518 6295



Leading learning and skills