

Work Experience

Details of your work experience and part-time or full-time work...

More About You (Your hobbies and interests, leisure activities, things you are good at or proud of and any achievements, awards and responsibilities)

Engineering Areas of Interest

- | | |
|---|---|
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Electronic | <input type="checkbox"/> Mechanical Maintenance |
| <input type="checkbox"/> Electrical Maintenance | <input type="checkbox"/> Technical Engineering |
| <input type="checkbox"/> Fitting / Machining | <input type="checkbox"/> Welding / Fabrication |

Where to Work (List towns you would consider travelling to work)

Why are you applying for engineering training ?

Ethnic Origin (We are an Equal Opportunities company)

- | | |
|--|--|
| <input type="checkbox"/> Asian or Asian British: | <input type="checkbox"/> Mixed: |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> White and Asian |
| <input type="checkbox"/> Indian | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> Pakistani | <input type="checkbox"/> White and Black Caribbean |
| <input type="checkbox"/> other Asian background | <input type="checkbox"/> other Mixed background |
| <input type="checkbox"/> Black or Black British: | <input type="checkbox"/> White: |
| <input type="checkbox"/> African | <input type="checkbox"/> British |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Irish |
| <input type="checkbox"/> other Black background | <input type="checkbox"/> other White background |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> any other |

Support Needs

The following information **will not** be used as part of the selection process and will be kept in strict confidence. We are committed to providing equal opportunities for all applicants.

Do you have a disability? Yes No
If 'Yes', what type of disability (speech, sight - including colour blindness, hearing, physical, mobility etc)

Do you have any health problems? Yes No
If 'Yes', what type of health problems (allergies, asthma, skin problems, diabetes, epilepsy, mental health etc)

Do you have any learning support needs? Yes No
If 'Yes', what type of support needs (for literacy, numeracy, for exams, tests etc)

Signature

I declare that the information given is to the best of my knowledge, true and correct. I understand that completion and submission of this form **does not** constitute an offer of employment.

Signed _____

Dated _____

Data Protection Act 1998: The information you provide will be passed to the Learning and Skills Council (the LSC). The LSC is responsible for funding, planning and encouraging education and training for young people and adults in England, and is registered under the Data Protection Act 1998. The information you provide will be shared with other organisations for the purpose of administration, careers and other guidance, and statistical and research purposes. Other organisations with which we will share information include the Department for Education and Skills, Connexions, Higher Education Statistics Agency, Higher Education Funding Council for England, educational institutions and organisations performing research and statistical work on behalf of the LSC or its partners.

At no time will your personal information be passed to organisations for marketing or sales purposes. From time to time students are approached to take part in surveys by mail and phone, which are aimed at enabling the LSC and its partners to monitor performance, improve quality and plan future provision. Tick the box if you do not wish to be contacted by the LSC or its partners in respect of surveys and research.



On completion, please return to:

Avon Vale Training

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