

Electrical Apprentice Application Form



If you would like to apply for an Electrical Apprenticeship, please complete this application form and return it (along with an up-to-date CV) to us by e-mail: info@betltd.co.uk or post:

Birmingham Electrical Training

34 Brearley Street
Birmingham
B19 3NR

SECTION 1: PERSONAL DETAILS

Surname: First Name/s:

NI Number: Date of Birth:

Address Line 1:

Address Line 2:

Address Line 3:

Postcode:

Home Number: Mobile Number:

Email Address:

Do you hold a full UK driving licence? Yes No

Do you own or have access to a vehicle? Yes No

Name of parent or guardian (if you are under 18 years):

Preferred method of contact: E-mail SMS
 Post Telephone

Please complete the following sheet to ensure that our equal opportunities policy is being carried out. Birmingham Electrical Training welcomes applications from all sections of the community.

SECTION 2: EQUAL OPPORTUNITIES

How would you best describe your ethnic origin?

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> Black African | <input type="checkbox"/> Indian | <input type="checkbox"/> White British |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Pakistani | <input type="checkbox"/> White Irish |
| <input type="checkbox"/> Black Other | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Gypsy/Irish Traveller |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Chinese | <input type="checkbox"/> White Other |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Prefer not to say |

Gender

- | | | | |
|-------------------------------|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say |
|-------------------------------|---------------------------------|--------------------------------|--|

SECTION 3: DISABILITIES

Do you hold a full UK driving licence? Yes No

If you have answered yes above please help us by identifying the disability:

- | | | |
|---|---|---|
| <input type="checkbox"/> Dyslexia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADHD |
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Blind or partially sighted | <input type="checkbox"/> Difficulties with speech |
| <input type="checkbox"/> Mental-health difficulty | <input type="checkbox"/> Physical disability | <input type="checkbox"/> Other |
| <input type="checkbox"/> Learning difficulty | <input type="checkbox"/> Epilepsy | |

If other, please state:

Do you have an EHC plan? Yes No

