

WE ARE AN EQUAL OPPORTUNITIES EMPLOYER.

PLEASE NOTE THAT FALSE INFORMATION DECLARED ON THIS APPLICATION FORM COULD LEAD TO DISMISSAL

APPLICATION FORM FOR SPECIALIST ACADEMY JOINERY APPRENTICESHIP

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Please complete this application form in black ink and return to 100 Coleraine Road Maghera, BT465BP or type and return it to **Careers@sjg.co.uk** reference: **Specialist Academy**

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| **Personal Information:**  |
| Forename: Surname:  |
| Other names: |
| Previous names (if any): |
| Current address: |
| Date of Birth (for monitoring purposes): |
| Daytime phone number:  |
| Mobile phone number:  |
| Email address: |
| **Please tell us why you have applied for a position in the Specialist Group Training Academy?**   |
| **Please give examples of things that you have done that make you particularly suited to joining our Training Academy.**  |
| Education & Qualifications. School / College attended: Subject: Qualifications/Grade: |
| **Please tell us about any employment or work experience opportunities that you may have undertaken.**Employer / Work Placement: Duties:  |
| **Hobbies & Interests:**  |
| **Is there anything else that you would like to tell us?** |
| **Do you hold a full driving license? If yes, do you have any current endorsements?** |
| **Do you have any unspent crimes or prosecutions pending?** |
| **Are you available to attend an open evening sometime between 1st June and 31st July with a Parent or Guardian to view the facilities and meet the leadership team who deliver the programme**? |
| **Are you available to complete a 1 week trial sometime between 1st and 31st July?** |
| **If you have a disability, please tell us about any adjustments we may need to make to assist you at interview: -** |
| **Referees:**Please give details of two referees, one of whom should be your current or most recent employer if applicable. Your Teachers, Mentors, Form Class Teacher, Sports Coach or Head of Year may also be included as referees.   |
| First referee: Second referee:**Name -** **Relationship to you -****Address -** **Contact Info -**  |

**Declaration**

I declare that the information I have given on this form is, to the best of my knowledge, true and correct. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld relevant information, my application may be disqualified or, if I have already been appointed, I could be dismissed. I hereby give my consent to the Company processing the data supplied on this application form for the purpose of recruitment and selection.

Signed . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

Date: . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .