



Please tick which programme you are applying for:

Light Vehicle

Heavy Vehicle

Body Repair

Paint

Please complete all parts of this form. On Completion, return to: TTS Ltd, 15 Dundrod Road, Nutts Corner, Crumlin, BT29 4SS.

Section 1: PERSONAL DETAILS

Full Name			
Address			
Postcode	Telephone		
E-mail Address			
Date of Birth	Age yrs	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Availability for employment			
National Insurance number (if issued)		Registered disabled number (if issued)	

Section 2: EDUCATION

Secondary High School name/address		
Postcode	Date from	Date to
Qualifications: Subject & Grade (or expected grade if results not yet available)		
.....		
.....		
.....		
Previous Training Schemes	Programme name	Years
Previous Employment / Work Experience at school (give details): Yes <input type="checkbox"/> No <input type="checkbox"/>		
.....		
.....		
.....		
Leisure time activities: Give details of any leisure time activities/club memberships etc:		
.....		
.....		
.....		

Section 3: HEALTH

Have you suffered from any serious accident, illness or had any serious operation		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Or suffer from any form of disability (e.g. Asthma, Epilepsy, Colour Blindness, etc.)					
If so, please give details:					
.....					
Do you hold a driving licence for any class of vehicle/motorcycle?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please give details:					
Do you have any endorsements on your licence?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of next of kin		Relationship to applicant			
Address					
Postcode		Telephone			

Section 4:

Have you been interviewed by a Training & Employment Agency Careers Officer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Section 5: REFERENCES

Please give name and address of two referees who we may contact for references. One of these should be the head of your school if you are still attending or recently left; the other may be a responsible personal referee.

Name	Name
Address	Address
Occupation	Occupation

Section 6: DECLARATION

All the information on this registration form is, to the best of our knowledge, correct and complete. Please register this Applicant for Assessment for the Modern Apprenticeship Programme.	
Applicant's signature	Date
Next of kin's signature	Date

FOR OFFICIAL USE ONLY

APP FORM

INTERVIEW