



TECHNICAL EDUCATION ACADEMY

PERSONAL DETAILS

Surname/Family Name

First names

Date of Birth

Gender

MALE FEMALE OTHERS

Title

Mr Mrs Ms Miss

Address Line 1

Address Line 2

Town/City

Post Code

Home Telephone

Mobile Phone

Email address

COURSE DETAILS

Course/Apprenticeship Applied For	<input type="text"/>
Current Employer	<input type="text"/>
Employer's Address	<input type="text"/>
Employer's Telephone	<input type="text"/>
Employer's Email	<input type="text"/>

REFERENCE

Please give the name of a referee who knows you in a professional capacity, ie a current or previous employer. If you have no professional referee, please give a personal one.

Referee's name	<input type="text"/>
Referee's job title	<input type="text"/>
Referee's Company	<input type="text"/>
Referee's Email	<input type="text"/>
Referee's Telephone	<input type="text"/>

ACADEMIC QUALIFICATIONS (SCHOOL, COLLEGE, CERTIFICATES ETC)

ANY OTHER RELEVANT QUALIFICATIONS

****Please upload or attach copies of all relevant certificates.**

EQUAL OPPORTUNITY MONITORING

The Technical Education Academy welcomes applications from individuals from diverse backgrounds, regardless of gender, race, ethnic origin, religion, age, disability, or sexual orientation. Please help us monitor the effectiveness of our equality and diversity policy by telling us a little more about you:

What is your Nationality?

To which ethnic group do you belong?

Have you lived in the UK (or EEA) for the last 3 years or more? YES NO

Do you have a Disability or Learning Difficulty YES NO

If so would you like to say more about it?

For some courses we may need to check your identity and ask to see proof of your eligibility to work in the UK.

SAFEGUARDING

The Technical Education Academy has a duty to safeguard the learners and staff who study and work with us. Accordingly applicants are required to tell us about any unspent convictions they have, under the Rehabilitation of Offenders Act (1974). Where appropriate, we may ask those who will be working with Vulnerable adults to have a DBS check .

Please use this box to let us have any other information which you consider to be relevant to your application.

Signed

Date

