



**Applied Arithmetic...../12**

**Arithmetic...../14**

**Mechanical Aptitude...../10**

**Spatial Awareness..... /40**

**Logic of Reasoning ...../13**

**Test Result..... %**

**Date of Test.....**

# **APPRENTICE APPLICATION FORM**

*Name (BLOCK CAPITALS)* \_\_\_\_\_

**Edeta Ltd. 28 Fleming House, Kinnaird Park, Edinburgh EH15 3RD**

**Tel: 0131-454-4840**

**Fax: 0131-454-4841**

**Email: [administration@edeta.org.uk](mailto:administration@edeta.org.uk)**

Scottish Charity - Registration Number SC016904 Scotland

**1. TRAINEE DETAILS**

Company (if known) \_\_\_\_\_

Craft (Please tick one or more)

**Maintenance**

**Manufacturing**

**Weld & Fabrication**

Electrical  Machining  Welding

Mechanical  CNC Machining  Fabrication & Welding

Instrumentation  Fitting & Assembly  Structural Steelwork

Title \_\_\_\_\_

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone No \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ SQA No \_\_\_\_\_

National Insurance Number \_\_\_\_\_

Next of Kin \_\_\_\_\_

Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone No \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Current UK Driving Licence - Yes/No    Do you have your own transport? – Yes/No

**2: DETAILS OF ANY WORK EXPERIENCE OR PREVIOUS EMPLOYMENT**

<b>Employer 1</b>	<b>From</b>	<b>To</b>	<b>Type of Work/Training</b>

<b>Employer 2</b>	<b>From</b>	<b>To</b>	<b>Type of Work/Training</b>

**Hobbies/Interests**

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**4. FURTHER EDUCATION**

College Attended \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Subjects Taken	Results

**4a. Have any of the courses been funded by SAAS YES/NO**

**4b. Have you received any funding from SAAS YES/NO**

**5. HEALTH**

<p><b>Do you have a long-term health problem or disability, which may affect your ability to carry out certain kinds of work related to your chosen occupation? YES/NO</b></p>
<p><b>If yes, please give details.</b></p>
<p><b>Do you presently use or may require a need for special aids/equipment/support? YES/NO</b></p>
<p><b>If yes, please give details.</b></p>

**Your personal details will be kept on file and circulated to interested employers. Should you wish your details to be used in this way then please tick Yes/No**

**FULL NAME** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**REFER TO Q.5 ON HEALTH**

*Edeta will endeavor to help in any way possible any successful applicant that requires special training needs.*

**Recommendations to be made to College/Company:**

**Special Aids/Equipment/Support Requirement:**

**Signed by EDETA:**

**DATE:**