**Foundation Apprenticeship Application Form** **2019**

**Curse Title:**

**1. PERSONAL DETAILS**

**Title: Mr Mrs Miss Ms Other Female**

**SCN (Scottish Candidate Number)**

**Male**

**Forename(s) Surname**

**Previous Surname Address**

**Postcode: Contact / Mobile No: Email**

**School**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |

**Date of Birth**

**2. QUALIFICATIONS**

|  |  |
| --- | --- |
| **Subjects being taken this year (with expected grades)** | **Subjects being taken next year (include level)** |
|  |  |

**3. APPRENTICESHIP FRAMEWORK**

|  |  |
| --- | --- |
| **Which Foundation Apprenticeship would you like to apply for?** | |
| Engineering |  |
| Social Services Children & Young People |  |
| Social Services & Healthcare |  |
| Creative & Digital Media |  |
| Food & Drink Technologies |  |

|  |  |
| --- | --- |
| **1-year model** |  |
| **2-year model** |  |
| **Not sure** |  |
| **Please tick which one applies to your circumstances** | |

**4. PERSONAL STATEMENT**

Please tell us briefly, why you would like to apply for a Foundation Apprenticeship and include details of your future intentions concerning studying or employment.

**IMPORTANT INFORMATION:** by ticking this box you are agreeing to share your data with other organisations involved in

the operation of Foundation Apprenticeships in Dumfries & Galloway.

|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Applicant Signature** |  |
| **Name of Pupil Support Teacher** |  |
| **Signature of Pupil Support Teacher** |  |
| **Date** |  |