

BLACKPOOL/GLEN/FARRANREE CTC
TRAINEE APPLICATION FORM

COURSE PREFERENCE: 1. _____ 2. _____
3. _____ 4. _____

Name: _____
Address: _____

Date of Birth: _____ PPS. No. _____
Age: _____ Mobile/Contact No. _____
Next of kin, Name & Mobile/Contact No. _____

EDUCATION / TRAINING Details

Name & Address of Schools Attended	From	To
_____	_____	_____
_____	_____	_____

EXAMINATIONS TAKEN—*please tick one*

None _____ ; Junior Cert. _____ ; Leaving Cert. Applied _____ ;
Leaving Cert. _____ ;

PREVIOUS EMPLOYMENT Details—*Company Name & Address*

Are you—a Student _____ ; Early School Leaver _____ ; Unemployed _____ ;

Are you suffering from any illnesses, or on any medication, or have any condition which requires safety precautions, e.g. diabetes, epilepsy, nut allergy, etc.

No _____ Yes _____

If yes, please give details: _____

Name of Doctor _____ *Tel. No.:* _____

How did you hear about our Training Centre?

Hobbies & Interests:

I confirm that all statements made on this application form are true and correct.

SIGNATURE : _____ **Date:** _____

