APPRENTICESHIPS
AT SALFORD CITY COLLEGE

APPRENTICE START FORM

If you require help completing this Application Form or require it in other formats or languages, please contact Work Based Learning Admin on 0161 631 5555.

Please complete in **BLOCK CAPITALS**

Title (please circle) Mr / Mrs / Miss / Ms

Surname .....

Forename .....

Date of Birth .....

Male / Female (please circle)

Telephone Number .....

Address .....

.....

.....

Postcode .....

E-mail .....

Mobile .....

Course Code .....

Start Date .....

Employer Name .....

Expected End Date .....

☐ If you have a physical or learning disability which we may be able to help you with or you require extra support, tick this box. If you tick this box Student Services will contact you to discuss your needs.

Have you been resident in the UK or the EU for the past three years? Yes ☐ No ☐

Do you have a physical or learning disability which we may be able to help you with? (If you tick 'yes' Student Services will contact you to discuss your needs) Yes ☐ No ☐

Course(s) you are applying for

Subject(s)	Level (e.g. GCSE, Access, Foundation)	Career plans

Examinations already taken or to be taken

Subject(s)	Examination eg. GCSE, GNVQ	Grade or estimated grade	Year taken/ to be taken

Ethnicity (please tick)

11 Asian/Asian British - Bangladeshi		19 Mixed - White & Asian	
12 Asian/Asian British - Indian		20 Mixed - White & Black African	
13 Asian/Asian British - Pakistani		21 Mixed - White & Caribbean	
14 Asian/Asian British - Other Asian Background		22 Mixed - Other Mixed Background	
15 Black/Black British - African		23 White - British	
16 Black/Black British - Caribbean		24 White - Irish	
17 Black/Black British - Other Black Background		98 Other Background	
18 Chinese			

Assessor Name: .....