

Engineering Interests:

Please indicate in the boxes your choices in order of preference i.e., 1 = 1st choice; 2 = 2nd choice and so on:

Electrical Assembly	<input type="checkbox"/>	Machining	<input type="checkbox"/>
Electrical Maintenance	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>
Fabrication/Welding	<input type="checkbox"/>	Mechanical Fitting	<input type="checkbox"/>
		Manufacturing/Design	<input type="checkbox"/>

Employment History (Including Part-time)

Date
FromDate
To

Interests:

Hobbies:

You will be contacted by e-mail regarding taking the assessment test. Please state in the box below if you require extra support for the test or contact the centre directly.

State here reason for extra support:

PLEASE ALSO SUBMIT A LETTER STATING WHY YOU WANT AN ENGINEERING APPRENTICESHIP

Signature:

Date:

DECLARATION: I certify to the best of my knowledge the information I have given is correct. I understand and accept that if I make any wilfully misleading statement on this form or during a subsequent interview for employment, the company reserves the right to terminate my contract of employment.

Angus Training Group Ltd operates an Equal Opportunities Policy covering all aspects of Equality and Diversity.

PLEASE ENSURE YOU HAVE COMPLETED THE APPLICATION FORM FULLY AND ATTACHED EVERYTHING IN THE CHECKLIST BELOW. Please submit all paperwork to enquiries@atgltd.co.uk

CHECKLIST:

Form Signed	<input type="checkbox"/>
Letter	<input type="checkbox"/>
CV Form Signed	<input type="checkbox"/>
Copy of latest qualifications	<input type="checkbox"/>

CONTACT DETAILS:

Angus Training Group Ltd, Catherine Street,
Arbroath, DD11 1RL. Tel: 01241 873299
E-mail: enquiries@atgltd.co.uk