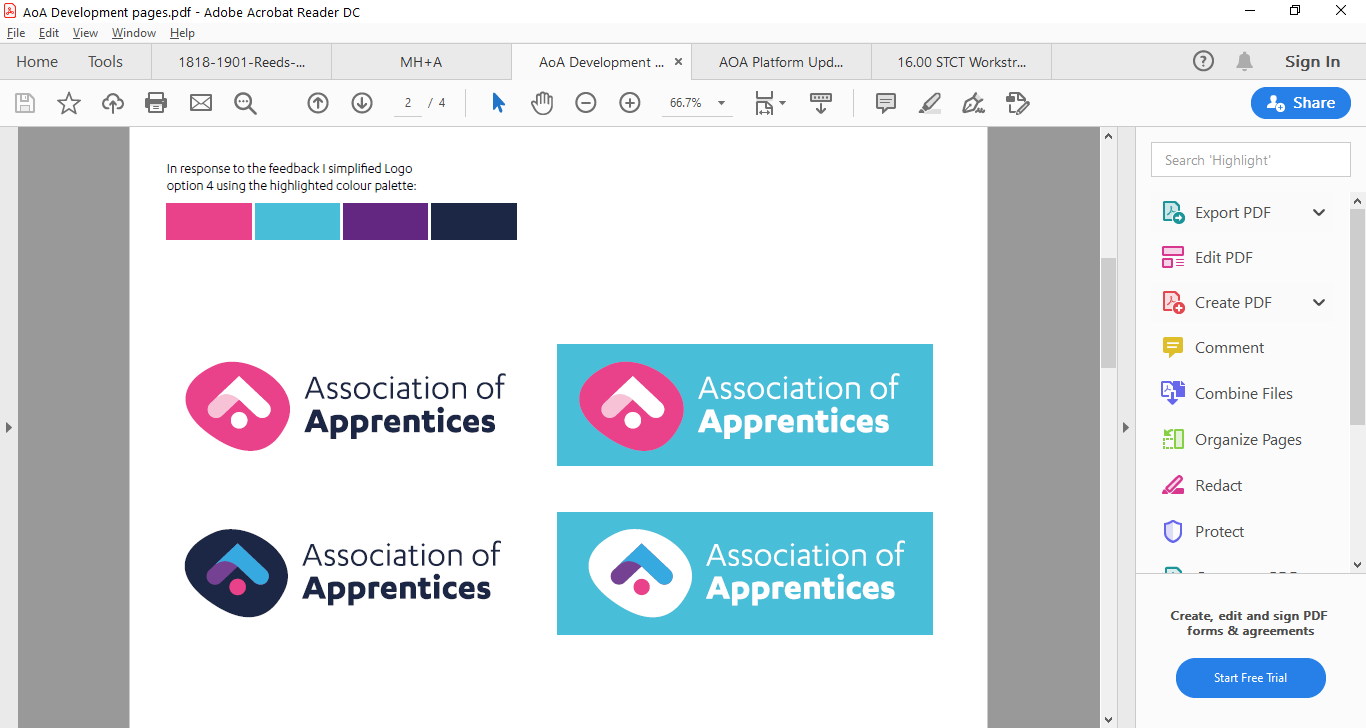
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**Apprentice Council**

**Application Form**

Please complete this electronic form and email it to Fiona Burford, Project Director, at [director@associationofapprentices.org.uk](mailto:director@associationofapprentices.org.uk). All data shared here will only be seen by the AoA’s Board and the Project Director. It will remain confidential and not be shared with third parties.

We are committed to having a diverse and inclusive Apprentice Council and therefore welcome applicants from a diverse range of backgrounds.

The deadline for applications is Friday 11 December 2020.

**Section 1 - Personal Details**

|  |  |
| --- | --- |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |
| Home Address | Click or tap here to enter text. |
| Are you currently undertaking an apprenticeship? | Choose an item. |

* If Yes, please complete Section 2, then Section 4 onwards
* If No, please skip Section 2 and complete Section 3 onwards

**Section 2 - Current Apprenticeship Details**

|  |  |
| --- | --- |
| What is the title of your apprenticeship? | Click or tap here to enter text. |
| What is the level of your apprenticeship? | Choose an item. |
| When did you start your apprenticeship? | Click or tap here to enter text. |
| When do you expect to complete your apprenticeship? | Click or tap here to enter text. |
| Have you undertaken any previous apprenticeships? | Choose an item. |
| If Yes, please provide the details | Click or tap here to enter text. |

**Section 3 – Past Apprenticeship Details**

|  |  |
| --- | --- |
| What was the title of your apprenticeship? | Click or tap here to enter text. |
| What level apprenticeship did you undertake? | Choose an item. |
| Did you complete your apprenticeship? | Choose an item. |
| If Yes, when? | Click or tap here to enter text. |
| If No, please briefly explain why | Click or tap here to enter text. |

**Section 4 – About You**

We’d like to get to know you a bit better. In this section, you can **either** write your answers in the three boxes below, **or** if you prefer you can answer these questions in video clips (you can do three separate clips, or one longer one covering the three questions). Just record yourself on your phone and email the video clips together with this form.

Please tell us a bit more about you – why did you choose to do your apprenticeship? How has your experience been so far as an apprentice? What do you enjoy most about it? What do you find most challenging? What do you want to achieve in the future? (max 300 words) – Or submit a video clip!

|  |
| --- |
| Click or tap here to enter text. |

Please explain why you’d like to be a member of the Association’s Apprentice Council (max 300 words) – Or submit a video clip!

|  |
| --- |
| Click or tap here to enter text. |

What do you think you could bring to the Apprentice Council (max 300 words) – Or submit a video clip!

|  |
| --- |
| Click or tap here to enter text. |

Where did you hear about the Association of Apprentices’ Apprentice Council?

|  |
| --- |
| Click or tap here to enter text. |

**Section 5 - Employer Details**

Please note: Your employer should be aware of your application and should support your participation in the Association’s Apprentice Council. We will contact them to request a statement of support for your application. If you cannot provide the details of your line manager, please enter the details of the person responsible for apprentices within your organisation.

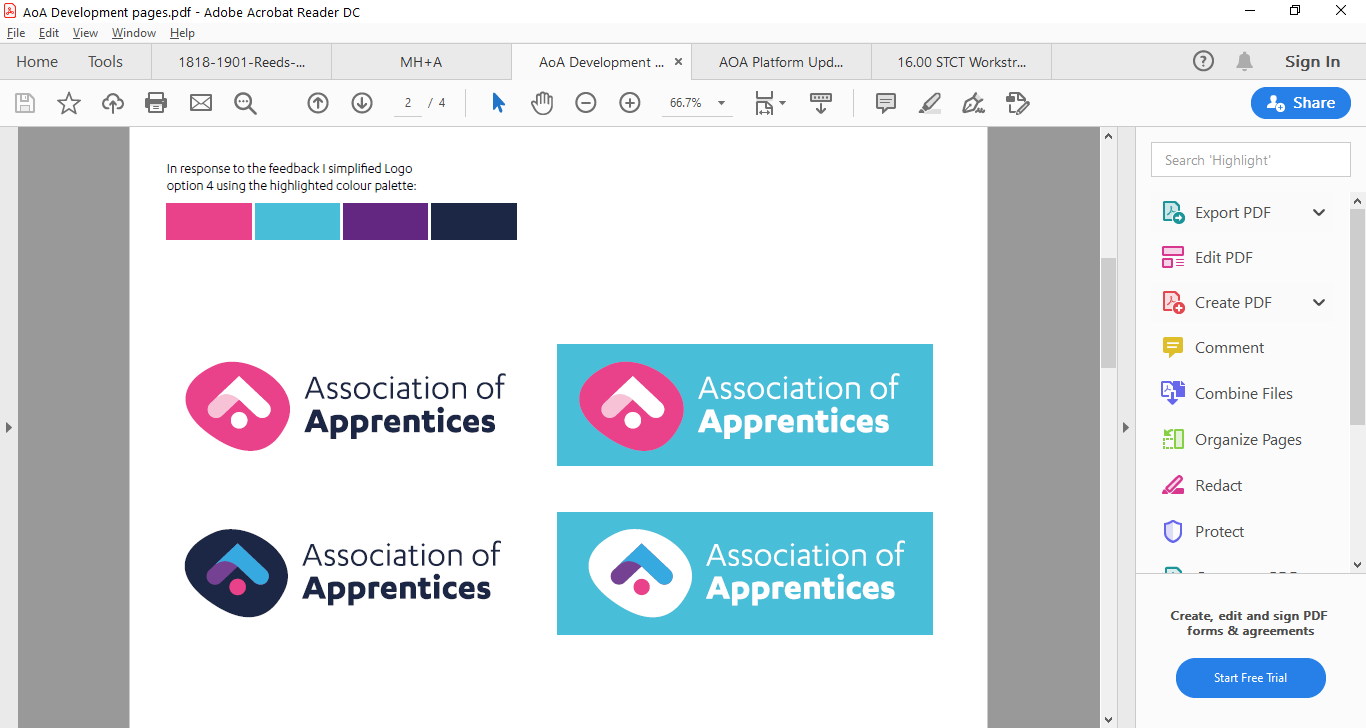
|  |  |
| --- | --- |
| Name of employer | Click or tap here to enter text. |
| Employer address | Click or tap here to enter text. |
| Line Manager’s name | Click or tap here to enter text. |
| Line Manager’s email | Click or tap here to enter text. |

**Section 6 - Training Provider / College Details**

|  |  |
| --- | --- |
| Name of Training Provider / College | Click or tap here to enter text. |
| Training Provider / College address | Click or tap here to enter text. |

**Section 7 - Signature**

|  |  |
| --- | --- |
| Your Signature |  |
| Date |  |

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**Equality and Diversity Monitoring Form**

The Association of Apprentices is committed to eliminating discrimination and encouraging diversity in all aspects of its work, including the Apprentice Council.

As part of our monitoring processes we ask for your co-operation in completing the questions on this form. We are committed to the principles of fairness, consistency, meritocracy and equality of opportunity. No applicant will be discriminated against regardless of their age, colour, disability, ethnicity, gender or gender identity, race, religion or belief and / or sexual orientation or if you do not wish to complete this form. Completing this form is entirely voluntary and the information you enter on this form will be used for monitoring purposes only.

**Gender**

Man  Woman  Intersex  Non-binary  Prefer not to say  If you prefer to use your own term, please specify here …………………….

**Are you married or in a civil partnership?**

Yes  No  Prefer not to say

**Age**

16-24 25-29  30-34  35-39 40-44  45-49  50-54

55-59  60-64  65+  Prefer not to say

**What is your ethnicity?**

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

***White***

English  Welsh  Scottish  Northern Irish  Irish

British  Gypsy or Irish Traveller  Prefer not to say

Any other white background, please write in:

***Mixed/multiple ethnic groups***

White and Black Caribbean  White and Black African  White and Asian

Prefer not to say  Any other mixed background, please write in:

***Asian/Asian British***

Indian  Pakistani  Bangladeshi  Chinese  Prefer not to say

Any other Asian background, please write in:

***Black/ African/ Caribbean/ Black British***

African  Caribbean  Prefer not to say

Any other Black/African/Caribbean background, please write in:

***Other ethnic group***

Arab  Prefer not to say  Any other ethnic group, please write in:

**What is your sexual orientation?**

Heterosexual  Gay  Lesbian  Bisexual

Prefer not to say  If you prefer to use your own term, please specify here …………………………

**Do you consider yourself to have a disability or health condition?**

Yes No  Prefer not to say

What is the effect or impact of your disability or health condition on your ability to give your best at work? Please write in here: …………………………

The information in this form is for monitoring purposes only. If you believe you need a ‘reasonable adjustment’, then please discuss this with your manager, or the manager running the recruitment process if you are a job applicant.

**What is your religion or belief?**

No religion or belief  Buddhist  Christian  Hindu  Jewish

Muslim  Sikh  Prefer not to say  If other religion or belief, please write in:

**What is your current working pattern?**

Full-time  Part-time  Prefer not to say

**Do you have caring responsibilities? If yes, please tick all that apply**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person

Secondary carer (another person carries out the main caring role)

Prefer not to say