



APPLICATION FORM

WEC TRAINING ACADEMY APPRENTICESHIP SCHEME



Surname:	Telephone:
First Name:	Mobile Telephone:
Address:	Date of Birth:
Town:	National Insurance No:
Postcode:	Email:
Where did you hear about the Apprenticeship scheme?	

**General:**

Why are you interested in joining the WEC Group apprenticeship scheme?

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What do you think an apprenticeship involves?

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What areas on an apprenticeship interest you i.e. joinery, plumbing, welding?

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

Please provide details of any other workshop facilities you have attended and what was involved?

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What do your parent/s do for a living?

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**Health:**

**Y N**

- Do you have a disability/health problem that may affect your day to day activities?
- Have you ever had a disability/health problem that has affected your day to day activities?
- Do you have a disability/health problem which affects the work you can do?
- Are you registered disabled?
- Do you smoke?

If you have answered 'YES' to question(s) 6-9, please provide details:

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**Drug & Alcohol Testing:**

The Company has zero tolerance towards drugs and alcohol. We therefore operate a random Drug & Alcohol testing policy. Are you prepared to accept this policy? YES  NO

**Health & Safety:**

**Y N**

- Are you willing to take full responsibility for your own health & safety whilst at work?
- Are you willing to adhere to the Company's Health & Safety rules at all times?
- Are you a registered first aider or fire marshal?

**Driving:**

**Y N**

Do you hold a full driving license?

If 'YES', what type of vehicles are you eligible to drive?

Car  Motorcycle  PSV  HGV  Hi-ab

Please give full details of any previous bans or endorsements:

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**Other Details:**

What are your hobbies and interests?

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Please list any facts which you think may be useful when considering your application:

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How soon would you be available to work?

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Have you ever been convicted of a criminal offence?

(declaration subject to the Rehabilitation of Offenders Act 1974)

Y

N

If 'YES', please provide details:

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**References:**

Please provide two references below:

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Telephone:	Telephone:
Relationship:	Relationship:



I DECLARE, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION GIVEN ON THIS FORM IS CORRECT

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return this application form to:*

Kris Mercer, WEC Group Ltd, Britannia House, Junction Street, Darwen, Lancashire, BB3 2RB

If you are successful at your interview, you will be required to attend one day at the WEC Welding & Engineering Training Academy to showcase your practical skills which will count towards the selection process.