



Apprenticeship Scheme

Completed Application Forms should be emailed to: info@mso.co.uk with subject title: **Apprenticeship Scheme Application**

Or posted to:
Apprenticeship Scheme Applications
MSO
399 Castlereagh Road
Belfast. BT5 6QP

Application For Apprenticeship Scheme

Position: _____

Personal Details:	
Title: _____	First Name(s): _____ Surname: _____
Address: _____	
_____ Postcode: _____	
Daytime Tel No: _____	Mobile No: _____
Email Address: _____	
National Insurance Number: _____	
Please let us know how you learnt of our Apprenticeship Scheme: _____	

School and Higher Education (continue on a separate sheet if necessary):			
Type of School or College or University	Exam Level	Subject(s)/Course Title	Result



Apprenticeship Scheme

Further Training and Qualifications (Please provide details of any additional training courses, professional qualifications, etc. undertaken. Continue on a separate sheet if necessary):			
Date From	To	Name of Course Provider/ Professional Body	Name of Training Course and/or Level of Membership

Employment History (Please detail your employment history starting with your most recent/current employer. Continue on a separate sheet if necessary):

Name and Address of Employer: _____

Post Held: _____ Salary: _____

Date Started: _____ Date Left: _____

Key Responsibilities: _____

Reason for Leaving: _____

Name and Address of Employer: _____

Post Held: _____ Salary: _____

Date Started: _____ Date Left: _____

Key Responsibilities: _____

Reason for Leaving: _____



Apprenticeship Scheme

Experience/Skills (Please continue on a separate sheet if necessary):

Please demonstrate how you meet the essential criteria as described in the job description: _____

Please provide your "Personal Statement" including achievements, interests and hobbies or reasons you think MSO should accept you onto our Apprenticeship Scheme.

Referees: Please provide details of two persons (employers, teachers or other responsible persons) who will agree to act as referees should you be offered a position.

Name 1 : _____

Contact Information (Address and/or Telephone Number): _____

Position and relationship to candidate: _____

Name 2 : _____

Contact Information (Address and/or Telephone Number): _____

Position and relationship to candidate: _____

Declaration

I declare that to the best of my knowledge the information on this form is correct and can be treated as part of any subsequent contract of employment. Failure to disclose information or providing deliberate false information may result in any offer of employment being withdrawn or disciplinary action being taken against you.

Signature: _____ Date: _____



Apprenticeship Scheme

Private & Confidential Health Questionnaire

Health Questionnaire

First Name(s) _____ Surname: _____ D.O.B: _____

Please indicate if you have, or ever had, problems in any of the following area by ticking the appropriate boxes:

- a. Mobility YES NO
- b. Ability to Lift, Bend or Move Everyday Objects YES NO
- c. Manual Dexterity YES NO
- d. Joint Movement YES NO
- e. Physical Co-ordination YES NO
- f. Continence YES NO
- g. Speech YES NO
- h. Eyesight YES NO
- i. Hearing YES NO
- j. Memory YES NO
- k. Ability to Concentrate YES NO
- l. Ability to Learn or Understand YES NO
- m. Perception of Risk or Physical Danger YES NO
- n. Skin Conditions (eg. eczema, dermatitis) YES NO
- o. Shortness of Breath (eg. heart disorder, asthma) YES NO

If yes to any of the above, please describe to what extent you are affected: _____

Are you at present on a course of medication? YES NO

If yes, please specify:

Are you Colour Blind? YES NO

Do you have Epilepsy? YES NO

Are you currently suffering from any of the reportable diseases?
(eg. Tuberculosis, Dysentery, Typhoid) YES NO

The Disability Discrimination Act 1995 defines a disabled person as someone with "a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out normal day to day activities."

Do you have, or have you ever had a physical impairment? YES NO

Do you have, or have you ever had a mental impairment? YES NO

If yes to either of the above, has the disability or impairment,

- a. lasted at least 6 months YES NO
- b. is likely to last at least 12 months YES NO
- c. is likely to recur YES NO

Declaration

I declare that to the best of my knowledge the information on this form is correct and can be treated as part of any subsequent contract of employment.

Signature: _____ Date: _____



Apprenticeship Scheme

Private & Confidential
**Equality of Opportunity
in Employment**

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MSO Cleland Ltd. is committed to equality of opportunity for all applicants regardless of age, disability, marital status, political opinion, race, religious beliefs, sex or sexual orientation. We select those suitable for employment solely on the basis of merit. All applicants are requested to complete a monitoring form in order to ensure the effective implementation of our Equal Opportunities Policy. Your support in this is sought.

Please provide the following information by ticking the appropriate boxes below:

1. Sex: Male Female

2. Religious Affiliation/Community Background:

- I am a Protestant
I am a Roman Catholic
I am neither a Protestant or a Roman Catholic

3. Ethnic Origin:

- | | | | |
|----------------------|--------------------------|------------------------------|--------------------------|
| White - European | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| White - Non European | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black - Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black - African | <input type="checkbox"/> | Asian - Other | <input type="checkbox"/> |
| Black - Other | <input type="checkbox"/> | Irish Traveller | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Other (please specify) _____ | |

DO NOT PUT YOUR NAME ON THIS FORM.

Access to this information will be strictly controlled and will not be available to those considering your application for employment.

Monitoring will involve the use of statistical summaries of information in which identities will not appear. The information will not be available for any purpose other than equal opportunities monitoring. This information will be transferred to the monitoring section of the Human Resources Computer System. Please note that it is an offence for any person knowingly to give false information to another who is seeking that information in order to make a monitoring return.