

GLASGOW TRAINING SERVICES

Student Application Form

Surname: _____ First Names: _____

Address: _____ Contact Phone No: _____

Date of Birth: ____ / ____ / ____ Nationality: _____

NZQA No: _____

Education:

<u>Year/s</u>	<u>Schools</u>	<u>Level Achieved</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Trade / Qualifications:

Previous Employment:

May we contact any previous employers? YES / NO

Please answer the following Questions:

1. Have you any physical difficulties that may affect your performance in carrying out the duties required whilst training? YES / NO
If yes, give details _____
2. Have you had any illnesses that may affect your performance in carrying out the duties required whilst training? YES / NO
If yes, give details _____
3. Have you, or are you, presently taking any drugs or medication that may hinder you in carrying out the duties required whilst training? YES / NO
If yes, give details _____

4. Are you prepared to undergo a drug screening test if requested during your training with this establishment? YES / NO

5. Have you ever been convicted of a criminal offence? YES / NO
If yes, give details

Emergency Contact: (Person to contact in case of accident or illness)

Surname: _____ Given Name: _____

Relationship: _____ Contact Phone No/s: _____

Address: _____

DECLARATION BY APPLICANT:

I hereby give Glasgow Training Services the authority to divulge any or all information submitted to any requested employer for the purpose of securing future employment.

Signed by Applicant: _____ Date: _____

I certify that to the best of my knowledge the above information is true & correct and I further understand that any falsification or willful misrepresentation on my part in this application is in itself grounds for immediate dismissal from the Company.

Signed by Applicant: _____ Date: _____