

Please state why you want to take up a career in the Motor Industry, together with any relevant experience you have and why you chose to apply to S & B in particular.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Test Results: **1** **2** **3** **4**

Test Date: _____ Consultant: _____

POST ASSESSMENT CONTACT LOG

Contacted by	Reason	Outcome or Pending
Withdrawn Application	Reason	Date

S & B AUTOMOTIVE ACADEMY
APPRENTICESHIPS IN THE MOTOR INDUSTRY

Princess Street, Bristol, BS3 4AG
 Tel: 0117 953 3001 Fax: 0117 953 3002
 Email: info@sandbaa.com Web: www.sandbaa.com



It is important that you complete this application form in BLOCK CAPITALS and in your own handwriting.

Application Form

Personal Details

Surname: _____ Forenames: _____
 Address: _____
 Postcode: _____ Tel No: _____
 Email: _____ Mobile: _____
 National Insurance No: _____ Date of Birth: _____
 Are you: Male: Female: Age Next Birthday: _____
 Next of Kin Name: _____
 Relationship: _____ Tel No: _____

Do you have any disability or health problems e.g Asthma, Diabetes, Epilepsy, Colour Blindness, etc. (This will not affect your application.)

Yes: No:

If 'Yes' please state: _____

To help us see how our Equal Opportunities policy is working, please say to which of these groups you belong:

- (1) White (4) Black Other (7) Bangladesh
 (2) Black African (5) Indian (8) Chinese
 (3) Black Caribbean (6) Pakistani (9) None of these

Do you wear glasses / contact lenses? Yes: No:

Height: Weight:



