



**THERMAL INSULATION APPRENTICESHIP APPLICATION**

Surname

First Name(s)

House Number/Name  Street Name

Town  Postcode

Date of Birth

Home Telephone No  Mobile No

Email Address

**Ethnic Origin - Choose one option that best describes your ethnic group or background**

White		Asian / Asian British		Other Ethnic Group	
<input type="checkbox"/>	English/Welsh/Scottish/Northern Irish/British	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Arab
<input type="checkbox"/>	Irish	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Any other Ethnic Group
<input type="checkbox"/>	Gypsy or Irish Traveller	<input type="checkbox"/>	Bangladeshi		
<input type="checkbox"/>	Any other White Background	<input type="checkbox"/>	Chinese		
Mixed / Multiple Ethnic Groups		<input type="checkbox"/>	Any other Asian Background		
<input type="checkbox"/>	White and Black Carribean	Black / African / Carribean / Black British			
<input type="checkbox"/>	White and Black African	<input type="checkbox"/>	African		
<input type="checkbox"/>	White and Asian	<input type="checkbox"/>	Carribean		
<input type="checkbox"/>	Any other Mixed / Multiple Ethnic Background	<input type="checkbox"/>	Any other Black / African / Carribean Background		

**Learning Difficulties and/or Disabilities and/or Health Problems**

Do you have any learning difficulties and/or disabilities and/or health issues? Yes  No  (if yes please tick the appropriate box below)

<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Severe learning difficulty	<input type="checkbox"/> Other physical disability
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Dyslexia	<input type="checkbox"/> Other specific learning difficulty (e.g. Dyspraxia)
<input type="checkbox"/> Disability affecting mobility	<input type="checkbox"/> Dyscalculia	<input type="checkbox"/> Other medical condition (for example epilepsy, asthma, diabetes)
<input type="checkbox"/> Profound complex disabilities	<input type="checkbox"/> Autism spectrum disorder	<input type="checkbox"/> Other learning disability
<input type="checkbox"/> Social and emotional difficulties	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Other disability
<input type="checkbox"/> Mental health difficulty	<input type="checkbox"/> Temporary disability after illness for example post-viral or accident	
<input type="checkbox"/> Moderate learning difficulty		

If you have ticked more than one category, please indicate in the space below, your most significant or prominent learning difficulty / disability / health problem

**Driving Details**

Full Driving Licence? Yes  No

Provisional Driving Licence? Yes  No

Car Owner? Yes  No

## Education Details

College/School	Relevant Exam Results (English/Maths/ICT/S-NVQ)			
	Date Achieved (Year)	Level (e.g. GCSE)	Subject	Grade

## Employment History

Details of relevant previous experience /job role and employment history

**Interests** (sports, charity work, hobbies, travel, leisure, memberships)

**Why have you applied for this apprenticeship?**

**What do you know about Thermal Insulation?**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email completed form to [training@tica-acad.co.uk](mailto:training@tica-acad.co.uk)

Or post your completed form to  
TICA House  
34 Allington Way  
Yarm Road Business Park  
Darlington  
Co Durham  
DL1 4QB

**Personal data collected on this form will only be used for the purpose of Thermal Insulation Contractors Association / ACAD administration, but may be disclosed to appropriate bodies/organizations associated with such courses.**