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| Previous Relevant Qualifications (including level and route): | Date: |
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| **Centre Name:** | TEN Automotive Equipment Ltd | **Centre No:** | 0911829 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Surname: | | |  | | | |
| Forename (s): |  | | | | | Date of Birth: | |  |
| Gender: | Male | | Female | | |  | | |
| Disabled Reg. Number (if applicable) |  | | | | | | | |
| Ethnic Origin: |  | | | Special Needs  (see codes overleaf) | | |  | |

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| Home Address: |  | | | | |
|  | | Postcode: | |  |
| Telephone No: |  | Email: | |  | |

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| --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | | |
| Employer Address: |  | | | | |
|  | | Postcode: | |  |
| Telephone No: |  | Email: | |  | |

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| --- | --- |
| Previous Relevant Experience: | Date: |
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**Declaration by the candidate:**

I declare that the information given is correct to the best of my knowledge and belief.

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** (Please print) | |

Please return to: TEN Automotive Equipment Ltd, 3 Lubeck Road, North Lynn Industrial

Estate, King’s Lynn, Norfolk, PE30 2JE. Email: [info@ten-automotive.co.uk](mailto:info@ten-automotive.co.uk) Fax: 01553 770002

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| --- | --- |
| **Special Needs** | **Code** |
| Sight | S |
| Hearing | H |
| Learning | L |
| Mobility | M |
| Other | X |
| Candidate prefers no statement | O |

**Office Use Only:**

|  |  |
| --- | --- |
| **Signed:** | **Date:** |
| **Name:** | **PIN:** |