

**The Traineeship Programme**

**Worcestershire County Council**

Print this page

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| **NAME** |  | | |
| **ADDRESS** |  | | |
| **HOME TELEPHONE NO.** |  | | |
| **DATE OF BIRTH** |  | **CURRENT AGE** |  |
| **MOBILE TELEPHONE NO.** |  | | |
| **EMAIL ADDRESS** |  | | |

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| **About you – what are your main strengths?** |
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| **What skills would you like to Improve during this Traineeship?** |
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| **What are your hobbies and interests?** |
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| **What are your long-term career aspirations?** |
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| **Current Status (please tick ✓)** | | | | | |
| Full-time employment |  | Part-time employment |  | Employment with training |  |
| Yr11 at school |  | 6th form at school |  | Further Education College |  |
| 6th Form College |  | Not in Education, Employment or Training |  | Other |  |

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| **EDUCATION HISTORY** | | | | | | |
| Most Recent School/College | | | | | | |
| Name | Address | Years Attended | | Start Date | | End Date |
|  |  |  | |  | |  |
| Secondary School Attended (if different to above) | | | | | | |
| Name | Address | | Start Date | | End Date | |
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| **QUALIFICATIONS (Please list all qualifications since, and including, GCSE’s)** | | | |
| **SUBJECT** | **LEVEL** | **GRADE** | **YEAR ACHIEVED** |
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| **WORK EXPERIENCE** | | | | |
| **Employer Name** | **Address** | **Start Date** | **End Date** | **Main Duties** |
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|  | **Yes** | **No** |
| Do you have a learning difficulty or disability or health problem |  |  |
| Do you need any support to for your interview |  |  |

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| **Is there anything else you would like us to know about you?** |
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