



**SCOTTISH ELECTRICAL CHARITABLE TRAINING TRUST
APPLICATION FOR THE CEC SCHEME
(Crediting Electrotechnical Competence)**



Please complete in BLOCK CAPITALS and BLACK INK and return to:
S.E.C.T.T. THE WALLED GARDEN, BUSH ESTATE, MIDLOTHIAN EH26 0SE

Tel: 0131 445 5659 E-mail: admin@sectt.org.uk Web site: www.sectt.org.uk SECTT Careers Web site: www.connected4life.org.uk

The Scottish Electrical Charitable Training Trust is registered under the 1998 Data Protection Act and all information provided will be used only for the purpose of managing the SJIB Apprentice Training Scheme

Please read the guidance notes for this scheme before submitting to SECTT

DETAILS OF APPLICANT

Surname	<input type="text"/>	Forenames	<input type="text"/>		
Address	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>
	<input type="text"/>	Telephone No.	<input type="text"/>		
Postcode	<input type="text"/>	<small>(Include Direct STD Code)</small>	Mobile No.	<input type="text"/>	
Email	<input type="text"/>	N.I. Number	<input type="text"/>	Sex	<input type="text"/> M / F *

* Please delete where not applicable

DETAILS OF EMPLOYER

Are you working as an Electrician at the moment? Yes / No *

Name of Employer

Address

Postcode Telephone No.

(Include Direct STD Code)

Contact

FURTHER DETAILS

How many years experience do you have as an Electrician?
Please supply references of previous work experience.

Did you serve a recognised apprenticeship? Yes / No *

If Yes, name of Employer:

Please attach references as proof of apprenticeship training and work experience.

QUALIFICATIONS

Please identify the relevant qualifications below and supply photocopies along with this application.

City & Guilds 236 Part 1 or A	<input type="text"/> Yes / No *
City & Guilds 236 Part 2 or B	<input type="text"/> Yes / No *
Scotvec Modules (1985-1995) in Electrical Installation	<input type="text"/> Yes / No *
City & Guilds 238 17 th Edition	<input type="text"/> Yes / No *
City & Guilds 239 Inspection & Testing	<input type="text"/> Yes / No *
Electrotechnical Certification Scheme (ECS card)	<input type="text"/> Yes / No *

Please attach copies of all relevant certification.

RELEVANT WORK EXPERIENCE

Please give a brief description.

HEALTH

Are you disabled:

If 'Yes' are you registered disabled?

If 'Yes' please give a brief description

Have you any history of illness or allergies which could affect you working in the Electrical Contracting Industry, particularly at height on scaffolding or ladders, or near dangerous machinery?

If 'Yes' please give a brief description

Are you colour blind? Are you dyslexic? *Please delete as appropriate

EQUAL OPPORTUNITIES

We need to be sure that our equal opportunities policy is being carried out. Please help us by marking the appropriate number that applies to you.

- 1 White. All white people regardless of country of birth.
- 2 Black. People of African/Caribbean descent. Not Whites or Asians born in Africa or the West Indies.
- 3 Indian Sub-Continent descent. People of Indian, Pakistani, Bangladeshi or Sri Lankan descent including those born elsewhere, e.g. Britain or Africa.
- 4 None of the above. People of, for example, Chinese, Vietnamese descent and people of mixed race.

THIS INFORMATION IS NOT USED IN OUR SELECTION DECISION

I confirm that the information on this form is correct to the best of my knowledge and belief.

Applicant's signature _____ Date

Please note that we will pass this information on to a designated college and they will require to see the original certificates you have identified above, before enrolment.

FOR OFFICE USE ONLY

Note: The Registration and Administration Fee of £180 must be included with this application.

Received: _____ **Date:** _____