

Certificate in Automotive Engineering Student Application Questionnaire

Naı	me:	
Imp	portant Notes	
T	his form <u>MUST</u> be fully completed and <u>returned</u> with enrolment form.	h
The	ease answer the following questions, to the best of your ability, in your own handwriting ere are no right answers for these questions. The purpose is to give us an insight into you el of prior learning as it relates to this programme.	
1.	In what way have your experiences so far equipped you for this programme?	
2.	What interests you about this programme?	
3.	What special strengths will you bring to this programme?	
4.	What are your weaknesses?	

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	Very Co.	nfident			Not Co	onfident At All
	very ear	1	2	3	4	5
How well do yo	ou communio	cate and	relate	to peop	le?	
Describe your a	bility to foll	low instr	ruction	S.		
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Yes Yes Yes Yes You you turn up	n provide your No	ou with (which ments on	assista (Pleas will be	nce) e tick) e confid	lential): _	

Please state any part time and/or full time, including holiday employment, work-based training and voluntary work.

Address	Type of Work	Dates	Full or Part
		From - To	Time
	Address	Address Type of Work	

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OFFENCES:							
Have you been charged with a			nal offence v	vithin the pas	t ten years,	or are you curre	ently being
Y	l'es	No	(Please t	ick)			
If yes, please p	rovide	details (which v	will be confid	lential):			
REFEREES: Please provide	the nai	mes of two refe	rees who ma	y be contacted	d by us.		
Name:							
Address:				_			
Telephone:	Day	(0)		Night	(0)		
Name:							
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Please include	а сору	of your drive	rs licence wi	th this form.			
DECLARATI	<u>ON</u>						
I certify that th	1 . "		C				

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Date:

Signature: