

Designer Group Apprenticeship Application Form

This application form will form part of the selection process. Please complete this form as accurately and as comprehensively as possible.

FULL NAME:	
ADDRESS:	
HOME TELEPHONE NUMBER:	
MOBILE:	
E-MAIL ADDRESS:	
CURRENT DRIVERS LICENCE:	

Please place an "X" beside the appropriate selection:

TYPE OF APPRENTICESHIP SOUGHT:

MECHANICAL

ELECTRICAL

EXAMINATION RESULTS

JUNIOR CERTIFICATE		
SUBJECT	GRADE	LEVEL
Irish		
English		
Maths		
Other Subjects		

LEAVING CERTIFICATE		
SUBJECT	GRADE	LEVEL
Irish		
English		
Maths		
Other Subjects		

Pass in leaving certificate is mandatory for a Designer Group apprenticeship programme.

OTHER EXAMINATIONS

Please give details of any other examinations taken (e.g. Junior/ Senior Trades, City & Guilds) Night classes or other second or third level studies etc

Examination(s) Undertaken	Certifying Body	Dates from	Dates to

ADDITIONAL INFORMATION

Please tell us why you are a suitable applicant for our apprenticeship programme

REFERENCES

NAME:	
ADDRESS:	
PHONE NO:	

NAME:	
ADDRESS:	
PHONE NO:	

These references should not be related to you. Ideally referees should be previous/present employers if you have had or have help previous/ current employment. Can we contact these references without further permission from you?

YES		NO	
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Please place an "X" in the appropriate box.



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Technology Park, Snugborough Road, Dublin 15
designergrp.com

The information given on this Application Form is correct to the best of my knowledge and belief. I understand that any false statement may disqualify me for employment or render me liable to summary dismissal.

I also acknowledge that I have read the Designer Group Privacy notice on the Designer Group website and understand the terms associated with this notice.

Signature of applicant Date