

NOTIFICATION OF INTEREST IN APPRENTICESHIP

**PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND RETURN IT TO:
Apprenticeship Services, CETB, Cork Training Centre, Rossa Avenue, Bishopstown, Cork**

1. Surname: _____ 2. First Name: _____
 3. PPS No: _____ 4. Tel no: _____
 5. Address: _____
 6. Email Address: _____
 8. Choice of Trade: 1st Choice: _____ 2nd Choice: _____
 9. If an Employer offers you an Apprenticeship are you willing to work away from home? YES/NO
 10. Date available to start: _____
 11. Name and address of school you are attending or last attended: _____

12. Date left school (if applicable) ____/____/____

13. Examination results (if known) and year when exam was taken _____
 Junior Cert Year _____ Leaving Cert Year _____ (Other Cert: please specify _____)

Subject	Level	Grade	Subject	Level	Grade	Subject	Level	Grade

I declare that the information given by me on this form is correct. I authorise Cork Education and Training Board (CETB) to forward a copy of this form to Employers who request assistance from CETB in identifying potential apprentices.

Signature: _____ **Date:** ____/____/____

IMPORTANT NOTE

If you wish to become an apprentice, you should APPLY DIRECTLY TO AN EMPLOYER who is prepared to employ and pay you for the full duration of your apprenticeship.

However if you have difficulty in finding an employer, you may wish to complete the above form. The CETB compile a list of persons who complete and return this form and this list will be available to Employers who request assistance from the CETB to identify potential apprentices. Thereafter it will be the responsibility of the Employer to contact prospective applicants and to initiate any recruitment process.

The acceptance by the CETB of "Notification of Interest in Apprenticeship" forms MUST NOT be construed as representing an offer of employment, apprenticeship or any other commitment by the CETB