



By completing this application form you are confirming you are authorising us to use the personal data you are supplying as outlined in the company's privacy policy, a copy of which may be viewed at [www.whitbyfishingschool.co.uk](http://www.whitbyfishingschool.co.uk)

## Application form

**Please complete the form in your own handwriting. Use black ink and answer all the questions**

### PERSONAL DETAILS

Forename: ..... Last name: .....  
 Address: .....  
 Town: ..... Postcode: .....  
 Telephone: ..... Mobile: .....  
 Date of birth: ..... Current Age: ..... N.I.Number: .....  
 Email: .....

### RESIDENCY

What is your nationality?.....

Have you lived in the UK/EEA for the last 3 years? Yes  No

If you are married to a UK resident or civil partner have you been a permanent resident in the UK for the past year? Yes  No

How many years have you lived at your current address Years  Months

### IDENTIFICATION EVIDENCE

*If you are invited for interview, please state below which type of I.D evidence you can supply – (please tick)*

Passport .....	Examination certificates .....
Driving Licence .....	Bank card/debit card .....
ID card/other national ID .....	Home office documents .....
National Insurance card .....	Other (please give description of evidence)
Benefits documentation .....	.....

### EMPLOYMENT STATUS

*Please indicate your employment status – (please tick)*

Employed full time .....	Employed part time .....
Self employed .....	In F/T Education .....
Unemployed .....	Other (e.g. retired) .....
If you are unemployed, what is the reason?	
Redundancy .....	Other .....
<i>If you are unemployed please state how long you have been unemployed:</i>	
Less than 6 months .....	24 - 35 months .....
6 – 11 months .....	Over 36 months .....
12 – 23 months .....	



<p><b><u>WHAT ARE YOUR INTERESTS?</u></b></p>          			
<p><b><u>PLEASE TELL US WHY YOU ARE INTERESTED IN JOINING THE FISHING INDUSTRY</u></b></p>          			

**YOU MUST ADVISE DETAILS OF *TWO* REFEREES, WHOM WE MAY CONTACT, (E.G. PREVIOUS EMPLOYER, WORK PLACEMENT, SCHOOL OR COLLEGE – NOT FRIENDS OR FAMILY)**  
*(Please note – failure to provide details of two referees may result in your application not being considered)*

Name: ..... Position in company/organisation ..... Address ..... ..... ..... ..... Pcode ..... <b>Tel.Number (essential)</b> .....	Name: ..... Position in company/organisation ..... Address ..... ..... ..... ..... Pcode ..... <b>Tel.Number (essential)</b> .....
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Where did you find out about this course?  Connexions  Job Centre

Media (please state) .....  Internet (please state, e.g. web address, .....

Other (please state) .....

**HEALTH**

Listed below are aspects of health which can make some work activities difficult. In a few cases it is impossible to do some jobs due to a health problem. Usually though, most jobs are still OK but it does depend upon how serious the problem is. If you have any of the conditions shown below, please tick in the relevant box/boxes.

If you are under 18 you will be required to undertake a medical examination as required by the Merchant Shipping and Fishing Vessels (Health and Safety and Work) (Employment of Young Persons) Regulations, S.I. 1998 No. 2411. Whitby Fishing School requires all learners, regardless of age, to undertake the ENG 1 medical as part of our responsibility for learners' health, safety and welfare.

The information will help us to provide you with the best possible advice on your career options and offer appropriate support to enable you to pursue your chosen career and achieve your aims.

*Please tick all that apply*

- Hearing
- Speech
- Sight Problems
- Walking / mobility
- Epilepsy
- Claustrophobia
- Back problems
- High Blood pressure
- Blackouts or fainting
- Skin Allergies (e.g. Eczema, dermatitis)
- Mental health / emotional/behavioural difficulties
- Other (please state) .....
- Have you ever been involved in serious accident or received major surgery? Please state: .....
- Moderate learning difficulty
- Dyslexia
- Other specific learning difficulty
- Multiple learning difficulties
- Other (please state) .....
- Colour Vision
- Diabetes
- Migraine
- Standing
- Heart Disease
- Working at heights
- Use of hands and arms
- Arthritis
- Autism spectrum / Aspergers syndrome
- Breathing e.g. (Asthma/Hay fever)
- Severe learning difficulty
- Dyscalculia
- Autism spectrum disorder

**DATA PROTECTION**

I understand that this information will be kept confidential by Whitby and District Fishing Industry Training School in accordance with their Data protection Act registration. All personal details held will be made available for my inspection on written request.

**APPLICANT DECLARATION**

I confirm that the information I have provided on this form is correct. I understand that if I have provided false information Whitby Fishing School reserves the right to refuse interview and/or enrolment. Upon enrolment and during training, should any undisclosed health information become apparent, the school reserves the right to dismiss the trainee.

APPLICANT SIGNATURE: ..... DATE: .....

**PLEASE POST THIS APPLICATION FORM TO:  
ADMISSIONS**

**WHITBY & DISTRICT FISHING INDUSTRY TRAINING SCHOOL  
WHITBY MISSION & SEAFARERS' CENTRE  
HAGGERSGATE, WHITBY YO21 3PP**

**EQUAL OPPORTUNITIES  
MONITORING**

**Ethnic Group**

**WHITE**

- WHITE BRITISH    WHITE IRISH                       WHITE GYPSY/IRISH TRAVELLER
- WHITE ANY OTHER

**BLACK OR BLACK BRITISH**

- CARIBBEAN       AFRICAN                       BLACK OTHER

**ASIAN OR ASIAN BRITISH**

- INDIAN               PAKISTANI                       BANGLADESHI               CHINESE
- ANY OTHER ASIAN

**OTHER ETHNIC GROUP**

- ARAB               ANY OTHER ETHNIC GROUP PLEASE STATE
- PREFER NOT TO SAY

**MIXED RACE**

- WHITE & ASIAN    WHITE & BLACK AFRICAN
- WHITE & BLACK CARIBBEAN               OTHER PLEASE STATE .....

**Gender**

- MALE               FEMALE               PREFER NOT TO SAY