



Application for Placement on a Training Programme

Name (Please print): _____ Date of Birth: __ / __ / ____

Address: _____

_____ Post Code: _____

National Insurance Number: - - - - -

Telephone number: _____ Mobile Telephone Number: _____

Email address: _____

Do you have a disability: Y / N (If yes please detail below the nature of your disability and if you are registered disabled your number)

Nature of disability:

Disability registration number: _____

Education:

Scottish Candidate Number: - - - - -

Date From	Date To	Name & Address of School/College	Qualifications gained	Level of Qualifications gained

Employment & Work Experience History:

Date From	Date To	Name & Address of Company	Title of Job	Reason for leaving

Career choice (state the type of job you would like to do in the Baking Industry and the reasons for making this career choice):

Which towns and areas could you work in:

Town	Area	Town	Area

To assist SAMB in monitoring it's equal opportunities policy please complete the following:

Ethnic origin: (please tick relevant box)

White		Black African	
Black Caribbean		Black Other	
Indian		Chinese	
Pakistani		Bangladeshi	
Not known/prefer not to say		Other (please state)	

Signature: _____

Date: _____

Please return this completed application form to:
SAMB, Atholl House, 4 Torphichen Street, Edinburgh, EH3 8JQ