

2. Education

Secondary and Further / Higher Education: (Schools, Colleges, etc – give name and county)	From	To
	_____	_____
	_____	_____

Academic Qualifications: Subjects (list those already taken and those you expect to take in the future)	Date	Level	Grade	
			Achieved	Expected
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional and Vocational Qualifications, and Other Standards of Proficiency Attained:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Date you anticipate leaving/left school/college:

6. Health

Enter Height and Weight in boxes

HEIGHT: cms

WEIGHT: kg

What is your present condition of health: _____

Have you ever had attacks of unconsciousness, fits, blackouts or epilepsy: **YES/NO**

Have you ever had asthma: **YES/NO**

Have you ever had dermatitis or any other serious skin trouble: **YES/NO**

Do you suffer from diabetes: **YES/NO**

Do you have any defect of hearing or vision (including the wearing of glasses/contact lenses and colour blindness): **YES/NO**

Have you ever had any other serious illness within the last 5 years: **YES/NO**

If the answer is YES to any of the above, please give full details below:

7. References

Please provide the names, addresses and telephone numbers of two people who may be approached for a reference now:

1. _____	2. _____
_____	_____
_____	_____
_____	_____

8. Where did you hear of the SSTG

- | | | |
|-----------------------|--------------|---------------------------|
| 1. CAREERS CONVENTION | 4. INTERNET | 7. MN CAREERS (LONDON) |
| 2. RELATIVE/FRIEND | 5. SCHOOL | 8. OTHER (please specify) |
| 3. CAREERS CONVENTION | 6. NEWSPAPER | |

9. Declaration

I declare that the information I have provided is true and correct to the best of my knowledge and belief.

Signed:

Date:

Signature of parent or legal guardian if applicant is under 18.

Signed:

Date: