



cmetb

Bord Oideachais agus Oiliúna
an Chabháin agus Mhuineacháin
*Cavan and Monaghan
Education and Training Board*



TRAINEESHIP APPLICATION FORM

Traineeship Course: Architectural Technology and Computer Aided Design

PERSONAL DETAILS

Name:

Address:

Phone (home):

(mobile):

Email Address:

Date Of Birth:

PPS Number:

Are you in receipt of a Social Welfare payment? Yes No If so which payment:

EDUCATION LEVEL

Please tick the box that is relevant to your current level of education:

QQI/FETAC Course: Year Completed:

Leaving Certificate: Year Completed:

Leaving Certificate Applied (LCA): Year Completed:

Junior Certificate: Year Completed:

Other (state): Year Completed:

Name of Award:

Have you studied any design-related subjects at school / college? Yes No

If yes, please state subject studied:

Junior Certificate

Leaving Certificate

Other

EDUCATION DETAILS

From - To	Name of School/College & Address
1.	
2.	
3.	

EMPLOYMENT HISTORY

From - To	Employer's Name, Address & Telephone Number	Position

Have you previously been employed by Entekra or another design company? Yes No

If yes, please give details

Have you any relevant skills in Design, experience or qualifications? Yes No

If yes, please give details

State briefly the reasons why you wish to undertake this Traineeship:

I agree to abide by the Code of Practice and Contract of this Traineeship

Signature:

Date:

This application form should be completed and returned to: CMETB Course Recruitment, Further Education and Training Campus, Dublin Rd., Cavan.

To email your application form please rename it 'Your Name-Traineeship Application' and then forward it to: training@cmetb.ie

Please state where you heard about this Traineeship:

Guidance Counsellor Newspaper Radio Social Media Website Employer Other