

Innovia Films Ltd – Station Road, Wigton, Cumbria, CA7 9BG, UK

Work Placement and Sponsorship Application for Employment

| Application for | Su | ımmer Vaca | tion | | | | \square |
|---------------------------|-------------|----------------------|-------------|------------|------------|--------------------|-----------|
| | Ind | Industrial Placement | | | | | Ħ |
| | Un | dergraduate | e Sponsorsh | nip | | | \square |
| Available to take up empl | loyment (Da | ate): | | | | | |
| Prepared to work: | Full Time | | Part Time | | Shift Work | | |
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Please indicate type of application by ticking the appropriate box above and completing the <u>RELEVANT</u> sections on the form.

Please complete this form in ink using BLOCK capitals and return to: Human Resources Department, Innovia Films Ltd, Wigton, Cumbria, CA7 9BG, UK

Personal Details

| (Mr, Mrs, Miss, Ms) <i>(please delete as appropriate)</i> Surname | Forename(s) |
|--|---------------------------------------|
| Home Address | Term Address |
| | (if applicable) |
| | |
| | |
| | |
| Post Code | Post Code |
| Home Telephone Number (including STD code) | Telephone Number (including STD code) |
| Mobile Telephone Number | E-mail Address |

| Nationality | Worker Registration Number |
|---------------------------|----------------------------|
| National Insurance Number | |

Please give date(s) on which you will not be available for interview, for example annual holidays

| Do you hold a current full driving licence? | Yes | No |
|--|-----|----|
| Do you own a car/motorcycle? (please delete as appropriate) | Yes | No |
| Have you any current endorsements (give details) |) | |

| Are you eligible for work in the UK? | Yes No |
|--------------------------------------|--------|
| Do you require a work permit? | Yes No |
| If Yes, please give details below | |
| | |

Education

| School(s) attended from age 11 | From | То | Type of School |
|--------------------------------|------|----|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| GCSE or "O" Level Exams Subject Grade* Subject Grade* | | | | | |
|---|---------|----------------|--|--|--|
| Grade* | Subject | Grade* | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Grade* | Grade* Subject | | | |

| Further and Higher Education/Apprenticeships (if applicable) | | * or mock or predicted grades | | |
|--|---------|-------------------------------|-------|--------|
| Name of Establishment | Subject | | Level | Grade* |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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Employment History/ Work Experience (if applicable)

(Include any unpaid or voluntary work)

| Employer | Dates | Duties/Responsibilities |
|----------|-------|-------------------------|
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| | | |
| | | |

Leisure Interests/ Spare Time Pursuits

Please complete this section if you are applying for Vacation Work or Industrial Placement

Name of University attending

Title of Course

Date(s) and duration of Course

| Why have you applied to Innovia Films for vacation work/industrial placement ? do you think you can make to the Company ? | What contributions |
|---|--------------------|
| | |
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What length of placement do you require? Please specify precise dates

Please complete this section if you are applying for <u>Undergraduate Sponsorship</u>

| Universities applied to (in order of preference) | Course Title | Duration (years) | Entry Requirements | Result of application |
|--|--------------|---------------------|-----------------------|-----------------------|
| | | | | |
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| Reason for choosing Course and Universities? | | | | |
|--|--|--|--|--|
| | | | | |
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Why have you applied to Innovia Films for sponsorship? What contributions do you think you can make to the Company?

Where did you learn about Innovia's Sponsorship Scheme?

What other applications for sponsorship have you made?

The remainder of the form is to be completed by <u>ALL</u> applicants

References

| Please give the names of two referees, one of whom should be your school or course tutor. | |
|---|---------------------------------------|
| Have you any objection to your referees being contacted? Yes No | |
| If Yes, no contact will be made without your prior permission. | |
| Name/Title | Name/Title |
| | |
| Address | Address |
| | |
| | |
| | |
| Telephone Number (including STD code) | Telephone Number (including STD code) |
| E-Mail Address | E-Mail Address |
| | |
| Relationship/Occupation | Relationship/Occupation |

Declaration

I understand that any offer of employment will be subject to satisfactory references and completion of a medical, the results of which are satisfactory to the Company.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement, or essential facts concealed, may be sufficient cause to disqualify my application, or if employed, lead to my dismissal. Signature Date