



The National Museum of Computing
Block H, Bletchley Park
MK3 6EB
tel/fax: +44 (0)1908 374708
web: www.tnmoc.org

The National Museum of Computing (TNMoC) Trainee Application Form

It is essential that this form is fully completed, signed and returned to TNMOC before your application to become a trainee with TNMOC can be considered. Any Information you give will be treated as confidential

About You

Photo ID: Please provide a passport-size portrait photo of yourself which will be used to create a TNMOC ID Card and will be held in confidence.

First Name(s)

Surname:

Preferred name: Preferred pronouns:

Place of Education:

Date of Birth: (You must be aged 13-24)

Address:

.....

.....Postcode:

If you are over 18:

Email address:.....

Mobile:

How would you prefer to be contacted (please circle all that apply): • Email • Mobile • Post

If you are under 18:

Parent/Guardian's email address:.....

Parent/Guardian's mobile:

How would your Parent/Guardian prefer to be contacted: (please circle all that apply)

• Email • Mobile • Post

Please provide a contact name, school address and email address if you would like us to communicate with your school directly:

Name:

Address:.....

.....Postcode:.....

Email address:.....

Essential Information

*You must complete this section and the next Emergency Contact section of this form in ALL cases.
Please note that you may be asked to complete an additional form.*

1) Do you have a disability, condition or particular circumstances that may affect you which we need to be aware of? Yes/No

If Yes, please circle all that apply and give details on how we can support you.

• Hearing • Sight • Physical/Mobility • Asthma • Allergy • Mental health • Speech • Learning Disability

Other

.....
.....

2) Will you need to take any medication during the course of a project? Yes / No

If Yes, please give details.:

.....

3) Are there any agencies that you are part of for your personal/social development that we should know about e.g. mental health group, behavioural unit, special needs clinic, young carers etc? Yes/No

If Yes, please give details.

.....

Emergency Contact Details

In case of an emergency, whom should we contact? (e.g. parent or neighbour)

Name:

Relationship to you:

Telephone:

Email:

Address:

.....Postcode

Name, address and phone number of your doctor's surgery:

Name:

Telephone:

Address:

.....Postcode:

Are you allergic to any medication? Yes/No. If Yes, please give details:

.....

Experience

1) Have you done any similar work before, e.g. voluntary, at a museum or other organisation?
Yes / No.

If Yes, please give details

2) Which of the following activities would interest you? (Please tick all that apply)

- Media/IT (including websites)
- Front of house
- Back of house
- Culture/Heritage
- STEM (Science, Technology, Engineering & Maths)
- Conservation/Environmental
- Work with children
- Work with people with disabilities
- Work with the elderly
- Work with young people

3) Are there any particular areas or skills that you are hoping to develop for your future career?

.....

4) Is there a particular project that you would like to sign up for? Yes / No. If Yes, which?

.....

5) When are you available? (Please tick all that apply)

	Term Time							School Holidays						
	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Mon	Tues	Wed	Thu	Fri	Sat	Sun
Morning														
Afternoon														
After School														
Evening														

6) How often would you like to be involved? (Please circle all that apply)

- Weekly/Fortnightly in term time
- Once a month
- During the school holidays
- Occasionally



7) Would you be interested in supporting another trainee who has additional needs e.g. a physical or learning disability? Yes / No

If Yes, please give details

8) Do you have an idea for a new project or would you like to be involved in designing a new project? Yes / No

If Yes, please give details and we will invite you to one of the focus groups that plans new projects

.....

9) Would you like your hours to contribute to any of the following schemes? Yes / No.

For more information, please ask a member of staff or check our website. Please note that payment is due from you for all accredited schemes.

• Time Credits • vInspired • Duke of Edinburgh • Other (Please state)

Declaration

I consent to take part in training opportunities organised through The National Museum of Computing

Trainee Signature: Date:

Parent/Guardian

Parent/Guardian Signature (must be obtained if you are under 18):

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Monitoring

We ask all trainees to complete this equal opportunities monitoring form to provide us with information about who is participating. This ensures that activities are inclusive, accessible and open to diversity. This information will be included anonymously in our internal statistical analyses.

The following questions are optional and the information is used for monitoring purposes only. This information will be treated in confidence and will not have any impact on the opportunities available to you.

1) How did you hear about us? (Please circle all that apply)

Friends and family - Word of mouth - Website search - Social Media- School- Recommendation - Other
 If Other, please say how:

2) Which ethnic group do you feel you belong to? (Please tick any that apply)

- White British • Black British • Asian British • Oriental British • Dual Heritage • Prefer not to say
- White Other • Black Other • Asian Other • Oriental Other • Other

3) What is your employment/training status at this time? (Please tick all that apply)

AT SCHOOL	
IN TRAINING	
APPRENTICESHIP	
EMPLOYED	
SELF-EMPLOYED	
6 th Form, College or Further Education Education or Training	

Thank you for completing this form.



T-Shirt Order Form

Please complete this section if you would like to purchase a T-Shirt or if your project requires you to wear one where a uniform is needed for safeguarding purposes.

- If you do not buy a T-Shirt, but you are required to wear one on your project, a spare T-Shirt will be provided during the session and must be returned at the end of the session.
- If anything prevents you from wearing a T-Shirt, please let your Project Worker know.

Size: (circle) Small Medium Large XL

Trainee Signature: Date:



Character Reference

Please ask a responsible adult who knows you and is not a relative (e.g. teacher) to complete and sign this Character Reference as your referee.

Many thanks, **The National Museum of Computing Team**

Name of Applicant:

To Referee:

Please would you give a brief assessment of the applicant, with any information that you would like to add that would be relevant for The National Museum of Computing activities, and which may help us to identify suitable projects (please continue on separate sheet and attach, if appropriate).

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Declaration: To the best of my knowledge I do not know of any reason why this young person should not work on projects in the community that involve children or vulnerable adults.

Referee name:.....

Your profession/occupation:.....

Your relationship to applicant:

How long have you known the applicant?

Your telephone number:

Your signature: Date:

This information will be treated in confidence.