



ANNUAL Third Year APPRENTICE CHALLENGE

Apprentice Name: Apprentice #

Address:

Contact number: Email:

Employer Name: CB Member #

Provider Name:

Tutor Name:

Please hand back to your tutor by:

- 1) Why should you be chosen to represent your provider, employer and region for the annual apprentice challenge? (You can add additional pages to this form if required)

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- 2) Why did you choose to enter this challenge?

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- 3) What value do you think you can add to the building industry when you become trade qualified?

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- 4) Where do you see yourself in 5 years time?

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"Well see you right"®