

Application Form

Title of post applied for:		Job Ref:	
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Before completing this form, please read the accompanying guidance notes. Please write clearly in black ink or type.

Confidential

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:			Initials:	
Former surnames if different:			Preferred Name or Title (Optional):	
Address			Tel No (home):	
			Tel No (business):	
			Tel No (mobile):	
			Fax No:	
E-Mail address:			Nat. Insurance No:	
Nationality			If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit.	
Do you need a work permit to be employed in the UK?	Yes	No	If you already have a work permit, when does it expire? (Please note that your current work permit may not be valid for this post.)	
Where did you learn of the post?				

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Surname		First names	
Address		Relationship	
		Telephone	

3. EDUCATION AND PROFESSIONAL QUALIFICATIONS

(Original documents as proof of qualification will be required at interview.)

Secondary School / College / University	Examinations taken	Result

Professional Qualifications currently held: where obtained and grade:

Other relevant Educational or Training Courses:

4. PRESENT POST

Title of Post:		Salary/Grade:	
Name of Employer:		Business of Employer:	
Address		Date Commenced:	
		Date Ended (if applicable):	
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable):			
Reason for leaving or wishing to leave			
Period of notice required to terminate present employment:			
Please notify us of any dates you are available for interview:			

5. PREVIOUS EMPLOYMENT

(Please use continuation sheet if necessary.)

Name and Address of Employers	Position(s) held	Reason for leaving	Final grade/salary

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6. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

7. OTHER INFORMATION

What activities outside work interest you? (State any positions held you consider relevant.)					
Do you hold a current driving licence?	Yes	No	Do you have access to a car?	Yes	No
Disabilities					
If selected for interview, do you require any special arrangements to be made on account of a disability?				Yes	No
If "yes", please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfil our obligations under the Equality Act 2010:					

8. REFERENCES

Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address		Address	
Tel No:		Tel No:	
E-mail address:		E-mail address:	
Fax No:		Fax No:	
Please state if we may obtain this reference prior to interview.	Yes	No	

9. DECLARATION

REHABILITATION OF OFFENDERS ACT 1974 – NOTICE TO OFFENDERS

Because of the nature of the work involved, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation Offenders Act (Exemption Order 1975). This

means that you are not entitled to withhold information relating to any convictions you may have had.

Do you have any convictions to disclose?

Yes	No
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Any information should be given on a separate sheet and sent with this application form. This information will be treated as confidential and will not necessarily preclude you from employment.

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

Signature:		Date:	
Name			

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.