

Professional Qualifications currently held: how obtained and grade:

Other relevant Educational or Training Courses:

3. PRESENT POST

Title of Post:		Salary/Grade:	
Name of Employer:		Business of Employer:	
Address:		Date Commenced:	
		Date Ended (if applicable):	
Town:	Post Code:		
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:			

4. PREVIOUS EMPLOYMENT

(Please use continuation sheet if necessary.)

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

Description of duties:

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Description of duties:

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Description of duties:

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Description of duties:

Have you had any material gaps in your employment? If yes, please provide relevant details:

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

6. 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 own a car?

Yes

No

Health

Please state the number of days sickness absence in the last 2 years:

NB: Successful candidates will be required to complete a full medical questionnaire.

Disability Discrimination Act 1995

Do you consider yourself to be disabled under the Disability Discrimination Act?

Yes

No

If Yes, are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?

Yes

No

If Yes, please provide further details:

If selected for interview, do you require any assistance/adaptations to help you attend?

Yes

No

If Yes, what assistance/adaptations do you require?

Rehabilitation of Offenders Act 1974

Have you any convictions that are not spent under Rehabilitation of Offenders Act?

Yes

No

If Yes, please provide further details:

7. REFERENCES

Referee 1

Referee 2

Title (Mr, Mrs etc):		Title (Mr, Mrs etc):	
Full Name:		Full Name:	
Job Title:		Job Title:	
Organisation:		Organisation:	
Address:		Address:	
Town:	Post Code:	Town	Post Code
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please state if we may obtain this reference prior to interview.	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. DECLARATION

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.