

Application Form

The following information will be treated in the strictest confidence.

Personal details

| Title | | | |
|------------------------------|---------------|--|---------------|
| First name | | | |
| Middle name(s) | | | |
| Surname | | | |
| Previous Names: | | | |
| Gender | | | |
| Date of birth | | | |
| Address | | | |
| | | | |
| | | | |
| Postcode | | | |
| Telephone number | | | |
| Alternative telephone number | | | |
| Personal email address | | | |
| National insurance number | | | |
| DBS certificate number | | | |
| Position Applied For: | | | |
| | | | |
| Qualifications | | | |
| Qualification & Grade | Date Obtained | | Awarding Body |
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| Experience & Skills: | | |
| Please list all relevant skills | and experience | |
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| Personal Statement: | | |
| | College and a second of the se | |
| Please write a statement o | f the personal qualities and | experience that the |
| applicant believes are relevent | vant to their suitability for the | e post advertised and how |
| you meet the person speci | fication. (continue on separa | ite sheet if necessary) |
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| Current Employment Current or last Employer: Dates Employed Duties: Reason for leaving: Work History: since leaving school Previous Employer: Dates Employed Duties: Reason for leaving: Reason for leaving: Reason for leaving: | | |
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| Previous Employer: Dates Employed Duties: | Duties: | |
| Dates Employed Duties: | Reason for leaving: | |
| Dates Employed Duties: | Previous Employer: | |
| Duties: | | |
| Reason for leaving: | | |
| | Reason for leaving: | |

Driving licence held? Full / provisional / other (give details) / No

Do you consider yourself to have a disability? Yes / No If Yes, please provide details

Emergency contact details



| Emergency contact name | |
|---|--|
| Relationship | |
| Telephone number | |
| Alternative telephone number | |
| References Please detail your current and pre employers will always be contacte Reference 1 | vious employment reference. Please note d for this. |
| Contact Name: | |
| Telephone number | |
| Email Address: | |
| Address: | |
| Reference 2 | |
| Contact Name: | |
| Telephone number | |
| Email Address: | |
| Address: | |



Declaration

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal.

I understand these details will be held in confidence by the company, for the purposes of ongoing personnel administration and payroll administration in compliance with data protection legislation and as set out in the company's Employee Privacy Notice. I undertake to notify the company immediately of any changes to the above details.

I understand that an enhanced disclosure and barring check is required for this position and understand that it is an offence to apply for the role if barred from engaging in regulated activity relevant to children.

| Signed: | | | |
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| PRINTED: | | | |
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| Date: | | | |