

POST APPLIED FOR: _____

1. PERSONNEL DETAILS

Surname: _____ Telephone (evening): _____

Forenames: _____ Telephone (daytime): _____

Address: _____ Email: _____

Post Code: _____

2. SECONDARY EDUCATION

Dates: From-To	School/College attended	Examination Results (with grades/dates)

3. FURTHER/HIGHER EDUCATION

Dates: From-To	Establishment attended	Academic/Professional Qualifications (with grades/dates if applicable) & current courses of study

4. MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

(Please state level of membership and if obtained by examination.)

5. SKILLS

Software applications with which you are familiar:

Present typing speed: _____

Languages (please indicate level of fluency):

Do you hold a current driving licence? (please tick) No Yes
 If YES, is the license a FULL license? (please tick) No Yes
 Do you have any points on the license? (please tick) No Yes, If YES, how many ? _____

6. EMPLOYMENT RECORD

Please give details of your employment to date including, if you left full time education within the last 2 years, vacation work. Start with your present position and work back.

PRESENT/MOST RECENT EMPLOYMENT

Dates: From-To	Name and Address of Employer	Position (please list main duties and reason for leaving)

PREVIOUS EMPLOYMENT (most recent first)

Dates: From-To	Name and Address of Employer	Position (please list main duties and reason for leaving)

7. FURTHER INFORMATION

Candidates will be short listed against the Selection Criteria enclosed. Please provide information which refers to these points and include details of your interest in and suitability for the post.

8. LEISURE INTERESTS

9. REFEREES

Please supply names, addresses and telephone numbers of two referees who are familiar with your work. These should be your two most recent employers (if applicable) or academic staff. No contact will be made with your present employer without your consent.

1.	2.
Contact: _____	Contact: _____
Telephone: _____	Telephone: _____
Email: _____	Email: _____
Address: _____	Address: _____
_____	_____
Post Code: _____	Post Code: _____

May we contact your present employer? (please tick)
 No If you are called for interview Only if you are offered the post

10. HEALTH

Please tick the box(es) that apply:

- 10.1 I have a diagnosed mental or physical condition []
- 10.2 I take regular medication []
- 10.3 Over the last 12 months I have received some medical attention/visited my doctor []

If you have ticked any of the above items please provide further information in the space below:

10.4 I am in excellent health with no known medical conditions. []

10.5 Please state the number of days absent from work/education through sickness in the last 12 months: ____

11. What is your date of birth: (dd/mm/yy) ____/____/____

12. Do you have a legal right to work in the UK ? (please tick) [] No [] Yes

13. Gross Salary

Present salary: £_____ (please tick) [] per hour [] per week [] per month

Last Review: ____/____/____ Salary Expectation For The Position Applied For: £_____

14. Date available for employment ____/____/____

Notice period required by present employer: _____

15. I declare that to the best of my knowledge the information above is true.

SIGNATURE: _____

PRINT NAME: _____

DATED: ____/____/____

Thank you for completing this form.