

**CONFIDENTIAL**

**CLOSING DATE:**

- **Complete in black ink or typescript for copying purposes**

**PERSONAL** (In Block Capitals or Typescript, please)

Surname:

Other Names:

Address:  
(Include Post Code)

Daytime Telephone:

Evening Telephone:

Date of Birth:

Do you have a current,  
full driving licence?

**EDUCATION/QUALIFICATIONS AND TRAINING**

Please include all relevant qualifications obtained and other training courses attended

ESTABLISHMENT	DATE(s) OBTAINED/ATTENDED	QUALIFICATION(s)/TRAINING

<b>PRESENT OR MOST RECENT OCCUPATION</b>				
ORGANISATION	JOB TITLE	DATE COMMENCED	DATE LEFT (if applicable)	SALARY
Brief description of your role (and, if applicable, your main reason for leaving):				

<b>PREVIOUS OCCUPATIONS</b> (Please enter most recent first)				
ORGANISATION	JOB TITLE (Clarify if necessary)	FROM (Month/Year)	TO (Month/Year)	REASON FOR LEAVING

**REHABILITATION OF OFFENDERS' ACT, 1974**

Have you been convicted of a criminal offence (other than "spent" convictions under the 1974 Act)?

YES/NO

If "Yes", please give details. -----

## **EXPERIENCE AND SKILLS**

E.g. confidentiality, IT, dealing with difficult customers, general administration

**REFERENCES** (In Block Capitals or Typescript, please)

PLEASE GIVE THE NAMES OF TWO REFEREES WHO ARE ABLE TO COMMENT ON YOUR WORK ABILITY; ONE REFEREE AT LEAST SHOULD BE YOUR PRESENT OR MOST RECENT EMPLOYER, IF YOUR CIRCUMSTANCES PERMIT.

NAME:

NAME:

ADDRESS (Include Post Code)

ADDRESS (Include Post Code)

POSITION:

POSITION:

TEL NO:

TEL NO:

Your referees will be contacted only if you are short-listed for interview. If such an arrangement is unacceptable to you, please tick this box.

**ANY OTHER INFORMATION**