



APPLICATION FORM

All sections of this application form must be completed.
Please use black ink if hand written.

Application for appointment of: _____

PERSONAL DETAILS

Surname and Title:	_____	Address:	_____
Forename(s):	_____		_____
Date of Birth:	_____		_____
Home Telephone No:	_____	Post Code:	_____
Work Telephone No:	_____		_____
Mobile Telephone No:	_____	NI Number:	_____

Do you have a valid full driving licence? YES / NO

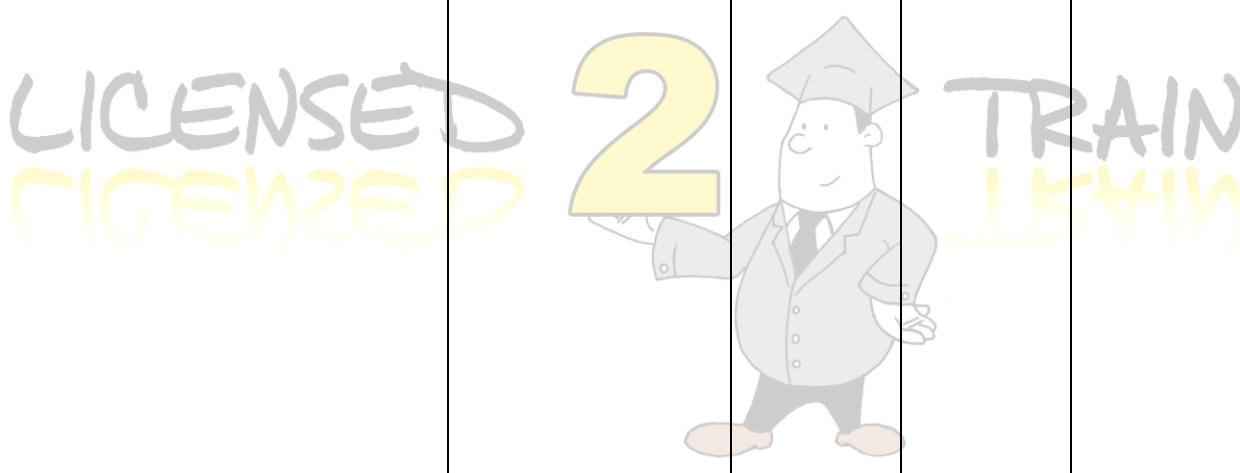
PRESENT EMPLOYMENT

Job Title		Employers Name and Address
Salary £	Scale	
Other benefits		
Start Date	Notice Required	

Please briefly outline your current duties, identifying your role in the organisation.

EMPLOYMENT HISTORY

Please provide details of your employment history.

Employers Name and Address	Job Title	From (Month & Year)	To (Month & Year)	Reason for Leaving
				

ADDITIONAL INFORMATION

It is important for us to understand your entire career history and the reason for any gaps. We need to be able to see how your time was spent across your whole working career, so please ensure you cover and explain any gaps in employment which may include for example; unemployment, studying, any caring responsibilities and your involvement in any voluntary or community work. (Continue on a separate sheet if necessary)

EDUCATIONAL DETAILS (most recent first)

Institution (School, College, University etc)	Qualifications gained	Start / Leaving Date (Month & Year)

PROFESSIONAL QUALIFICATIONS (Including membership of any professional bodies)



OTHER TRAINING (including courses and training relevant to the post)

Title of Training	Date	Organising Body

DETAILS IN SUPPORT OF YOUR APPLICATION

Explain to us how you meet the criteria identified in the person specification. If you need additional space please continue on a separate sheet. You will be short listed on the evidence you provide on this form, so please provide background and context. Please give examples if this will help illustrate your experience. (Continue on a separate sheet if necessary)

REFERENCES

Please provide names and addresses of two persons who have agreed to give an opinion of your ability, experience and qualifications. **One referee must be your current or most recent employer.** You should not give the names of relatives or personal friends as a referee.

Name	Name
Position	Position
Organisation	Organisation
Address	Address
Post Code	Post Code
Telephone No: E-mail Address:	Telephone No: E-mail Address:
Capacity in which you are known to the referee	Capacity to which you are known to the referee

Please state whether we may approach these referees at any time? YES / NO

HEALTH

Do you consider yourself to be disabled under the Disability Discrimination Act (DDA)? If Yes, please provide details.	Yes / No
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Do you require any particular arrangements for an interview? If Yes, please provide details.	Yes / No
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SECURITY

Do you have a criminal record? If yes, please give date, nature of offence and place of conviction. (The position is exempt under the Rehabilitation of Offenders Act 1974, therefore you should identify spent as well as unspent convictions)	Yes / No
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Please Note: In the event of a successful application, a disclosure will be requested from the Criminal Records Bureau.

DECLARATION

I certify that, to the best of my knowledge, the information I have provided is true and accurate, and I understand that any false information or failure to disclose criminal convictions may in the event of employment, result in dismissal or disciplinary action by Licensed2train.

Signed: _____ Dated: _____

Please post this application form to:

Licensed2train Ltd
The Greenhouse,
Amos Drive,
Greencroft Ind Park,
County Durham.
DH9 7XN

Telephone No: 01207 524871

Or alternatively E-mail to:

<mailto:licensed2train@yahoo.co.uk>

