

SECTION ONE

PERSONAL DETAILS

First Name(s)

Surname

Permanent Address

Post Code

Term-time Address (if different)

Post Code

Contact Number(s)

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Email

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SKILLS & QUALIFICATIONS

Do you hold any of the following? (if yes, please give expiry date)

- | |
|--|
| Full, valid, UK driving licence: |
| First Aid Qualification (give level achieved): |
| SIA Licence (give type): |

Please use the space below to tell us why you are a suitable person for this role, and list any relevant skills, experience or qualifications that support your application.

Please turn over...

SECTION TWO

REFERENCES

Before we can offer you employment, we need to take up references from 2 people who you should list below.

Your first reference should be relating to you in a work capacity, eg former or current employer, or if you do not have a current employer, could be a teacher, University lecturer etc.

The second referee can be any reliable person who knows you well, but should not be a family member.

Please ensure that you have contacted your referees and gained their permission BEFORE we contact them.

Referee 1

Name:
Address:
Postcode
Telephone:
Email:

Referee 2

Name:
Address:
Postcode
Telephone:
Email:

CRIMINAL RECORD & BACKGROUND CHECKING

List any criminal convictions, including cautions and formal Police warnings below, or, if none, write NONE

We may from time to time, as required by the events that we work, undertake to perform Criminal Record Background (CRB) checking on some or all of our employees.

Data Protection Notice

The information gathered from this form will be held by the organisation in accordance with the Data Protection Act 1998 and for the purposes described in the organisation's entry on the Data Protection Register.

As a member of staff you are entitled to request such data and other information relating to your employment with the organisation.

By completing this declaration, I consent to the collection, recording and use of the information, which I have provided in the way described above. I declare that to the best of my knowledge and belief all the information I have given on this form is correct and I understand that it is my responsibility to update any of this information as and when required.

Signed:

Date:

EMERGENCY CONTACT INFORMATION

In the event of an emergency, we may need to contact someone on your behalf - please give their details here:

Name

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Address

Contact Number(s)

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If you have any pre-existing allergies or medical conditions that should be known during any emergency situation, please list them here
