

Interests

Give details of your main interests

Additional Information

Give any further information you think may assist us in considering your application

References

Please provide names, addresses and occupations of two referees (not relatives) and one being your current employer, whom we may approach with regard to your application at an appropriate and later date after obtaining your permission

Name:	Name:
Occupation:	Occupation:
Address:	Address:
Telephone:	Telephone:

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the organisation reserves the right to require me to undergo a medical examination. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will be required to undergo a Criminal Records Bureau check. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed:.....

Date:.....

For office use only

Application evaluated by:	Date:
Comments:	
Action:	
1 st stage INTERVIEW	Date: or REJECT or HOLD
2 nd stage INTERVIEW	Date: or REJECT or HOLD
3 rd stage JOB OFFER	Date: or REJECT or HOLD