

Confidential Application Form

Please complete in type or black ink

Please return this application form to: North Wales Training Limited St. David's House Mochdre Business Park Colwyn Bay Conwy LL28 5HB	FOR OFFICE USE ONLY										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Received:</td> <td style="width: 50%;">References Requested: (1) (2)</td> </tr> <tr> <td>Application form screened by:</td> <td>References Received: (1) (2)</td> </tr> <tr> <td>Date of Interview:</td> <td></td> </tr> <tr> <td>Second Interview: Yes/No</td> <td>Offered:</td> </tr> <tr> <td>Rejected:</td> <td>Accepted:</td> </tr> </table>	Received:	References Requested: (1) (2)	Application form screened by:	References Received: (1) (2)	Date of Interview:		Second Interview: Yes/No	Offered:	Rejected:	Accepted:
Received:	References Requested: (1) (2)										
Application form screened by:	References Received: (1) (2)										
Date of Interview:											
Second Interview: Yes/No	Offered:										
Rejected:	Accepted:										

POSITION APPLIED FOR

LOCATION

--	--

PERSONAL DETAILS

Title: (Mr/Mrs/Miss/Ms/Dr/Other)	Home Telephone No:
Surname:	Work Telephone No:
Forename:	Date of Birth
Address: (for communications)	National Insurance No:
	Do you have the right to work in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Post Code:	Please note that any offer of employment will be conditional upon your supplying evidence of your right to work in the UK.
Email:	
Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Is it clean? Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, please give details:	
Have you worked for North Wales Training before? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, please give details:	
When would you NOT be available for interview?	

HOW DID YOU HEAR ABOUT THIS VACANCY?

	Please Specify		Please Specify
National Press		General Enquiry	
Local Press		From an existing employee	
Other		Employment Service info	

MEMBERSHIP OF PROFESSIONAL BODY

Awarding Body	Membership Joining date	Professional Registration Number	Expiry Date

Registration with the Education Workforce Council (EWC), Please indicate below whether you are currently registered with the EWC:

YES (if yes, please note date of registration) No

EDUCATION AND TRAINING

ACADEMIC AND OTHER QUALIFICATIONS			
DATES		School/College/University/Other	Qualification Obtained (Grade/Date)
From	To		

TRAINING COURSES ATTENDED (INC. SHORT COURSES/WORK PLACE TRAINING)

DATES		Course Title	Organising Body	Result (Grade/Date)
From	To			

CURRENT EMPLOYMENT

Name and Address of Current Employer:	Position Held	
	Salary	Length of time in post
	Grade (if applicable)	Period of notice required
	Enhancements/other Benefits	Number of days sickness in last 12 months

Brief description of current duties and responsibilities:

EMPLOYMENT HISTORY

Please list below full details of any other employment history over the last ten years beginning with your most recent employment.

DATES		Name/Address of employer and nature of business	Job Title (including grade if NHS)	Salary(Upon Departure)	Reason for Leaving
From	To				

REASON FOR APPLICATION

Please use this space to say why you are applying for this position and to give any additional information in support of your application as it relates to the job profile for the position you are applying for. Continue on a separate sheet if necessary.

REFERENCES

Please give the names of two people who are able to provide references relating to your work experience and to your suitability for the post applied for. One referee should be your manager at your current or most recent employer.	
Company Name:	Company Name:
Address:	Address
Contact Name:	Contact Name
Job Title:	Job Title:
Relationship to you:	Relationship to you:
Telephone No/Extn:	Telephone No/Extn:
May we contact this referee before interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact this referee before interview? Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details if you were known by a different name:	Please provide details if you were known by a different name:

REQUIREMENTS UNDER THE REHABILITATION OF OFFENDERS ACT 1974

<p>The post that you are applying for is a regulated position and is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974. This means that all convictions including those that are "spent" under the terms of the Rehabilitation of Offenders Act 1974 must be declared. The information provided will be taken into account in deciding whether to make an appointment or not. It will be completely confidential and will only be considered in relation to this application. If your application is successful you will be required to co-operate with North Wales Training in obtaining an Enhanced Disclosure from Criminal Records Bureau</p>
--

DATA PROTECTION ACT 1998

<p>I consent to North Wales Training Limited processing personal data about me for purposes related to my employment in line with the Data Protection Act, 1998. In line with the General Data Protection Regulations effective 25th May 2018 your application will be held for a period of six months only. For further information on our Privacy Policy please visit http://www.nwtraining.co.uk/privacy-statement</p>
--

Act, 1998. Do you consider yourself to have a disability under the definition of the Disability Discrimination Act (DDA)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
---	--

Do you require additional support to attend an interview? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please contact the Audit and Compliance Manager on 01492543431

NWT Ltd is committed to interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities.

I understand that an appointment, if offered, is subject to the information I have given on this form being true and correct. I understand that withholding or misstating any of the facts called for above may result in the refusal or termination of my employment.

I declare that the information given on this application form is true and correct to the best of my knowledge.

Signature:	Date:
-------------------	--------------