

PLEASE COMPLETE ALL SECTIONS

Post Applied for:

PERSONAL DETAILS

Title		
Surname		
First Name(s)		
Address (including post code)		
National Insurance No		
Date of Birth		
Telephone No (home)		
Telephone No (work)		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL PROVISIONS

We are committed to seeing the most suitable candidates and welcome applications from disabled people.

Are there any special provisions you would need to attend interview? No
 Yes. Please give details

In terms of any disability, are there any special provisions, adjustments or equipment needed for you to do the job? No
 Yes. Please give details

EDUCATION

Secondary Education

Schools and Colleges attended (name and town)	From	To

<u>Further or Higher Education</u>				
College or University	Course Attended	Full time or Part time	From	To

MEMBERSHIP OF PROFESSIONAL INSTITUTIONS		
Name of Institution	Date Obtained	Classification/Grade

PRESENT OR RECENT EMPLOYER	
Employer's Name	
Address	
Telephone No	
Position Held	
Department	
Grade	
Salary	£
Date Appointed	Date Left
Reason for Leaving	

PREVIOUS EMPLOYMENT (Most recent employer first. Include details of any work placements or training)					
Employer's Name & Address	Position Held	Part or Full Time	From	To	Reason for Leaving
		<input type="checkbox"/> Part <input type="checkbox"/> Full			
		<input type="checkbox"/> Part <input type="checkbox"/> Full			
		<input type="checkbox"/> Part <input type="checkbox"/> Full			
		<input type="checkbox"/> Part <input type="checkbox"/> Full			

RELEVANT EXPERIENCE/REASONS FOR APPLYING

Please say why you are applying for this post, highlighting any administration and management experience, training and development undertaken, committee work and leisure interests.

Include any skills or experience you feel may be relevant, gained in or outside of the workplace.

MISCELLANEOUS

Do you hold a full UK driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you own a car? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to any member of Larken & Co? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state who and nature of relationship.
Have you previously applied for employment with Larken & Co? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details of post(s) and date(s).
If you do not have permanent residence, please indicate if you require a work permit. <input type="checkbox"/> Yes <input type="checkbox"/> No	Where did you see the advertisement?
Have you ever been convicted of a criminal offence? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Subject to Section 4(2) of the Rehabilitation of Offenders Act. Please give details on a separate sheet of paper.

DATA PROTECTION ACT

I understand that, if I am appointed, personal information about me will be computerised for personal/administrative purposes.

I certify that to the best of my knowledge, all the information I have given is correct. I understand that deliberately giving false, misleading or incomplete answers would disqualify me from consideration or, in the event of my appointment, make me liable to dismissal without notice.

Signed:

Dated:

WHEN YOU HAVE COMPLETED THIS FORM, PLEASE IT RETURN TO:

Mrs S Smith
Practice Manager
Larken & Co
10 Lombard Street
Newark
Notts NG24 1XE