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THANK YOU

INTENSIVE OUTDOOR SKILLS COURSE APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK PRINT (CV's will not be accepted without completed application form)

Winter Course = August 30th 2010 – January 28th 2011 £3995.00

(Please Tick)

(Residential)

(Non-Residential)

PERSONAL DETAILS

NAME DATE OF BIRTH

ADDRESS
.....

POST CODE TELEPHONE No (Daytime)

MARITAL STATUS.... TELEPHONE No (Evenings)

E-MAIL ADDRESS

NEXT OF KIN: CONTACT NUMBER:

DIETARY REQUIREMENTS/ ALLERGIES:

EDUCATION + QUALIFICATIONS

SCHOOL, COLLEGE, UNIVERSITY etc.

DATES

QUALIFICATIONS INCLUDING GRADES

CURRENT/PREVIOUS EMPLOYMENT HISTORY (continue on separate sheet if necessary)

EMPLOYER

POST/DUTIES

FROM (month/year)

TO (month/year)

PROFESSIONAL QUALIFICATIONS

(Give details of any other relevant qualifications or records of achievement (e.g. courses attended), certificates attained, including membership and status of relevant Professional or Technical Association certificate number, date of issue & issuing authority)

COURSES ATTENDED / SKILLS ACQUIRED.

(Please summarise any other skills that you have and/or training that you have received that may be relevant to the course)

GENERAL INFORMATION

Feel free to include any other information which you would wish to be taken into consideration:

MEDICAL DETAILS

Have you been absent from work during the past three years as a result of illness other than minor infections? If yes, please give details on a separate sheet.

Do you have a medical condition that may prevent you from fulfilling any of the duties that may reasonably be expected of you? (If yes, please give details on a separate sheet)

YES NO

Do you have any disabilities that may affect your application?

YES NO

If yes, please describe disabilities on a separate sheet and include;

- (a) any reasonable adjustments which you feel should be made to the recruitment process to assist in your application for a position on the course.
- (b) any reasonable adjustments which you feel should be made to the course itself which would enable you to carry out the duties?

CONVICTIONS

Have you ever been convicted of a criminal offence?

YES NO

(Declaration subject to the Rehabilitation of Offenders Act):
If YES, you are invited to give details on a separate sheet

FURTHER INFORMATION

Do you hold a current driving license?

YES NO

Is the Class D1 on your driving license?

YES NO

Do you hold a PCV license?

YES NO

Have you taken a County Council Minibus Improvers course?

YES NO

REFEREES

Please give us the names and addresses of two independent referees and their position.

- 1) _____
- 2) _____

Where did you hear about the course?.....

DECLARATION

I certify that the information given on this form is, to the best of my knowledge, true and complete and agree that it should form part of the basis of my engagement. Any false statement may be sufficient cause for rejection or dismissal from the course without notice.

.....
Signature

.....
Date