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| Company name  Description automatically generated with low confidence | **Cantraybridge College****Cantray Square****Croy****Inverness** **IV2 5PP****T:01667 493500****E:admin@cantraybridge.co.uk****Charity No SC022419** |

**APPLICATION FORM**

Please complete this form and return it on or before the closing date specified. Please do not submit a CV. All information given will be treated with the strictest confidence and in compliance with GDPR. Continuation sheets may be added if necessary.

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| **PERSONAL DETAILS** |
| Surname: | Forename(s): |
| Telephone: | Email: |
| Address: |
| Do you have a current Right to Work in the UK?YES or NO *(please circle)* | National Insurance No: |
| Do you have a current Driving Licence?YES or NO *(please circle)* | Driving Licence No:  |
| Do you have a current PVG number?YES or NO *(please circle)* | PVG Membership No: |
| Do you have a current SSSC number?YES or NO *(please circle)* | SSSC Membership No: |
| Have you received BOTH Covid-19 vaccinations?YES or NO *(please circle)* | Dates of vaccinations: |

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| **POST** |
| Post Applied For: | FULL-TIME OR PART-TIME: |

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| **EDUCATION/QUALIFICATIONS** |
| Date Attended: | Subject/Name of Course | Grade Achieved |

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| **EMPLOYMENT HISTORY** |
| Name & Address of Employer & Nature of Business | Dates(To and From): | Job Title & Functions | Final Salary & Reason for Leaving |
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| **REASON FOR APPLICATION** |
| *Please detail your reason for applying for this position and why you think you would be suitable for this post.* |

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| **REFEREES***Please list the details of TWO people who are willing to provide references for you, one of which MUST be your current/most recent employer.* |
| Name: | Name: |
| Address: | Address: |
| Email: | Email: |
| Telephone: | Telephone: |
| Relationship to you: | Relationship to you: |

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| **CONVICTIONS** |
| *Please note any criminal convictions except those ‘spent’ under the Rehabilitation of Offenders Act 1974. If none, please state this.* |

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| **SPECIAL REQUIREMENTS** |
| *Please note any special requirements or reasonable adjustments needed if you are called to interview.* |

**DECLARATION**

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| I declare that all information which I have provided is correct. I understand that any false information given may result in a job offer being withdrawn or my employment terminated.Signature: Date: |