

Employment History

Name & Address of Employer	Job Title & Duties	Rate of Pay	Reasons For Leaving

Other Experience

For Example:

Volunteer Work, Enterprise Projects, Work Experience, Languages Spoken, Ebay Retail or Private Business

Statement to Employer

References

Tutor / Employer

Tutor / Employer

Hobbies & Interests

Health Details

Do you have a physical or mental disability, which will affect your ability to carry out day to day activities?

Yes / No

If Yes, give details

Do you require any special arrangements for work associated with an impairment:

Yes / No

If Yes, give details

Are there any arrangements you require to be able to attend an interview:

Yes / No

If Yes, give details

Please list any diseases, disorders, allergies, muscular or musculoskeletal injuries from which you have suffered or do suffer:

Please detail any form of medicine, drugs or treatment you are currently and/or regularly receiving:

Declaration

- I confirm that I am happy for this application to be shared with local employers in the sector specified.
- 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 the Work Experience, or any subsequent employment contract offered.
- Where I cannot provide evidence of qualifications, a suitable reference and/or the right to live and work in the UK, the offer of Work Experience may be withdrawn and/or employment terminated.
- If the post for which I am applying requires me to work with children and/or vulnerable adults, I hereby agree to a disclosure being made by the DBS, about the existence and content of a criminal record spent or otherwise.
- All information contained in this form will be treated as strictly confidential and used only for recruitment purposes. By supplying information, you are indicating your consent to the information being processed for all employment purposes, as defined in the Data Protection Act 1998 and any verification checks that may be made.

Signature		Date	
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