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| --- |
| 1. **Personal Details**
 |
| Surname |  | Title |  |
| Forenames |  |  |
| Address |  |
|  |  |
|  |  |
| Postcode |  |
| Home Telephone |  | Mobile |  |
| Email Address |  |
| National Insurance No |  |

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| 1. **Education/Qualifications**
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Please give details of all nationally recognised qualifications beginning with those achieved in secondary education.

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| --- | --- | --- | --- | --- |
| **School/College/University** | **Dates** | **Qualifications** | **Subject** | **Grade/Level** |
|  |  |  |  |  |

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| 1. **Employment History**
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Please give details of any previous experience (paid & unpaid), starting with the most recent first.

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| --- | --- | --- | --- |
| **Employer** | **Dates** | **Job Title & Main Duties** | **Reason for Leaving** |
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| 1. **Information to Support your Application**
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Please use this section to demonstrate how your experiences to date and personal attributes make you a suitable candidate for our Internship Programme.

You may wish to relate to your own leisure and spare time interests. If necessary, please continue on a spare sheet and attach it to this form.

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| 1. **Referees**
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Please give the name of two referees.

|  |  |  |
| --- | --- | --- |
| **5.1** | Name of Referee  |  |
| Title |  |
| Address |  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |
| May this referee be contacted without further authority from you? | Yes | No |

|  |  |  |
| --- | --- | --- |
| **5.2** | Name of Referee  |  |
| Title |  |
| Address |  |
|  |
| Postcode |  |
| Tel No |  |
| Email |  |
| May this referee be contacted without further authority from you? | Yes | No |

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| 1. **Statement to be signed by the Applicant**
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Please complete the following declaration and sign it in the appropriate place below.

In accordance with the 1998 Data Protection Act, I agree that HCB may hold computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all this information given by me on this form is correct and accurate and I understand that if any of the information that I provided is later found to be false and misleading, any offer of employment may be withdrawn or employment terminated.

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| Signed  |  | Date |  |