

**PLEASE WRITE CLEARLY IN BLACK OR BLUE INK**

**1. PERSONAL DETAILS**

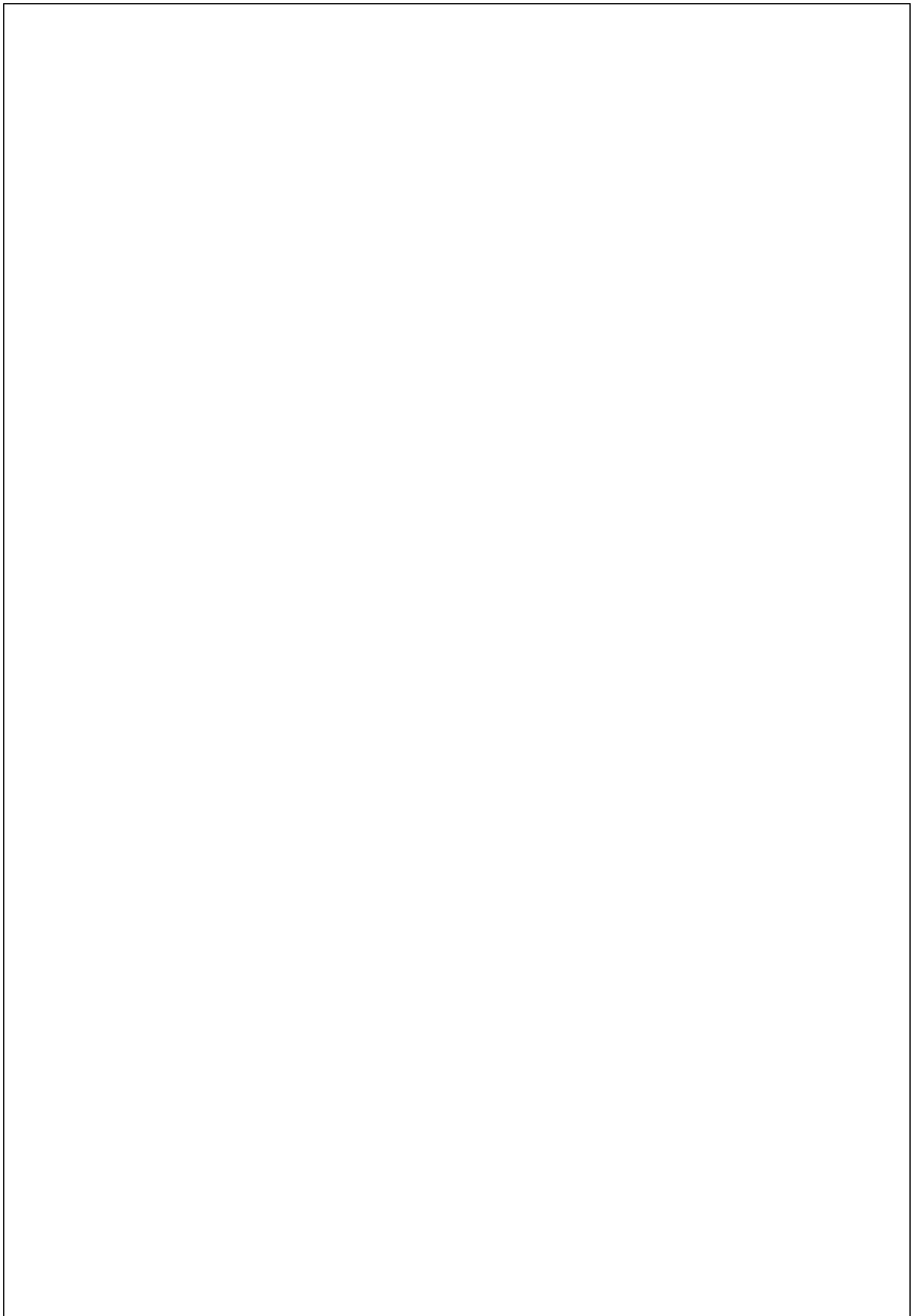
Surname: (Mr/Mrs/Ms/Miss)	Forenames:
Address:	Age:
	Date of Birth:
	Marital Status:
	Tel No. (Day)
	Tel No. (Evening)
	E-mail address:

**2. EDUCATION & PROFESSIONAL QUALIFICATIONS**

Secondary School, College and University	Dates		Examinations taken	Date	Result
	From	To			

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates



### 3. PRESENT POSITION

Title of Post:	Current Salary:
Name & Address of Employer:	Business of Employer:
	Date Commenced:
	Date ended: (if applicable)
Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable)	
Reason for leaving or wishing to leave:	
Period of notice required to terminate present employment:	

### 4. PREVIOUS EMPLOYMENT

Name & Address of Employers	Position held	Dates		Reason for leaving and final grade/salary
		From	To	

## 5. RELEVANT EXPERIENCE

Please say why you are applying for this post, outline aspects of your experience and give details of any particular achievements or distinctions that you consider relevant to this application. Please use a continuation sheet if necessary.

Please indicate how your skills, personal qualities and past achievements make you suited for this job. Please also describe the contribution you would expect to make to our team if appointed.

What is your anticipated salary?

## 6. OTHER INFORMATION

What activities outside work interest you?

Do you hold a current driving licence? YES/NO

Do you own a car? YES/NO

### HEALTH

Are you currently under the care of a doctor or other medical professional? YES/NO

Please state the number of days sickness absence in the last 2 years:

If an offer of employment is made, you may be required to complete a medical questionnaire or examination

### DISABILITY DISCRIMINATION ACT 1995

Are there any adjustments that you think we could make to overcome a disability in relation to the essential requirements of this job?

YES/NO

If Yes, please provide further details:

### REHABILITATION OF OFFENDERS ACT 1974

Please give details of any conviction, other than those which are 'spent', on a separate sheet.

Do you have any 'unspent' criminal convictions? YES/NO

## 7. REFERENCES

Names and addresses of two referees, one of whom should be a current or recent employer:

Tel No:

Tel No:

Please indicate if we may contact them prior to interview YES/NO

Please state maiden name if applicable

## 8. DECLARATION

I declare that the information given is true and correct. I give my consent to my referees being contacted as indicated and for details of any sickness absence over the last 2 years to be obtained.

Signed .....

Date .....

Name .....

Thank you for completing this application. Please return it to:

**Tish King**

**Rade New Media Ltd**

**The Granary, Hinton Lodge**

**Hinton, Saxmundham**

**Suffolk, IP17 3RG**

#### Data Protection Act 1998

The use of information provided on this form will comply with the requirements of the above Act. It may be processed by computer and is required for operational, managerial information and associated purposes relevant to the maintenance of the Department systems. Such data may also be used to produce depersonalised statistics.