

APPLICATION FORM

Please complete this form and return it on or before the closing date specified in the job information. All information given will be treated as strictly confidential. Please complete in blue/black ink or type.

You are required to answer all questions openly and honestly. Failure to do so will jeopardise your application. If we employ you and later discover that you have failed to answer questions openly and honestly and/or have misled us in any way, we will not be able to continue to employ you. Trust and integrity are important values for us.

Post	applied	for:
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1. Personal Details

Surname:
Title (Dr. Mr. Mro. Mice Mo);
Title (Dr, Mr, Mrs, Miss, Ms):
Tel No (Home):
Day Time Tel No (if different to above):
Email address:
Do you own or have use of a car? Yes No
Would you be prepared to use it
for work purposes? Yes 🗌 No 🗌

2. Present Employment (if now unemployed give details of last employer)		
Employer's name and address:	Post Title:	
	Date of commencement:	
	Date of leaving (if applicable):	
Brief description of duties (continue on a separate sheet if n	ecessary):	
Period of notice (if applicable):	Salary:	
Last day of service if no longer employed:	Reason for leaving:	

3. Previous Employment/Relevant Work Experience (please provide details of the most recent post first)	
Organisation's name and address:	Post Title:
	Dates in post:
Summary of duties:	I
Reason for leaving:	

Organisation's name and address:	Post Title:
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	Dates in post:
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Summary of duties:	
Reason for leaving:	
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Organisation's name and address:	Post Title:
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	Dates in post:
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Summary of duties:	•
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Reason for leaving:	
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Continue on a separate sheet if necessary	

4. Education		
Qualifications obtained from Schools, Colleges and Universities:		
College or University	Course	Qualifications & grades obtained
School	Subjects	Qualifications & grades obtained
Continue on a separate sheet if necessa	ary	

Professional, Technical or Management Qualifications	
Professional/Technical/ Management Qualifications	Course Details
Membership of any Professional/Technical Ass	ociation – please state level of membership
Continue on a separate sheet if necessary	

5. Training & Development Please give details of any training and development courses or non-qualification courses which support your application. Title of Training Programme or Course Duration of Course Understand Duration of Course Continue on a separate sheet if necessary

6. Abilities, skills, knowledge, experience and interests

Please explain in detail how you meet the requirements of the post outlined in the job description, person specification and job information provided.

Continue on a separate sheet if necessary (no more than two A4 pages)

7. Rehabilitation of Offenders Act

Please give details of any unspent criminal offences in accordance with the Rehabilitation of Offenders Act (Exceptions) Order 1975 and/or (Northern Ireland) 1979. The Lincolnshire Wildlife Trust's Recruitment of Ex-Offenders Policy provides the framework for fair treatment and the absence of discrimination for those with an offending background (a copy of the policy is available on request).

8. Referees

Please give details of two referees, one being your current or most recent employer. Referees will <u>not</u> be contacted prior to interview.

Name & Address:	Name & Address:
Tel No:	Tel No:
Email:	Email:
Nature of relationship:	Nature of relationship:

Yes 🗌 No 🗌

Yes No

9. Other Information

Have you applied for a position with Lincolnshire Wildlife Trust before? If yes, please give post title and date:

Do you require any special arrangements to be made in order for you to attend an interview? If yes, please give details:

10. Declaration

I declare that the information I have given is, to the best of my knowledge and belief, true and complete.

I confirm that if my application is successful I am willing to apply for a Disclosure & Barring Service check, if required for the post that I am applying for (see job information).

Signed: Dated: