

PLEASE SEND COMPLETED FORM TO RICHARD TAYLOR, TRUST CHAIRMAN, BY EMAIL: [hertfordsta@aol.co.uk](mailto:hertfordsta@aol.co.uk) OR POST: 22 HIGHFIELD ROAD, HERTFORD SG13 8BH TO ARRIVE BY MONDAY 27TH SEPTEMBER 2021

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| **APPLICATION FORM** | | | | | |
| **1. Personal Information** | | | | | |
| Title: | Forename(s): | | | Surname: | |
| Known as: | | | | | |
| Any previous names by which you have been known: | | | | | |
| Date of Birth: | | | | | |
| Home Address:  Postcode: | | | | | |
| Daytime Tel No: | | Mobile Tel No: | | | Evening Tel No: |
| Email Address: | | | | | |
| **2. Education, Training & Qualifications Information**  Please give details of any relevant training and qualifications which you feel equip you for the job. Please include dates. | | | | | |
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| **3. Employment & Voluntary Work Experience**  Please provide a full history (with dates) of previous employment you have had, whether paid or voluntary. | | | | | |
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| **4. Skills & Qualities**  Please tell us about the skills and qualities you will bring to the rôles and why you want the job. | | | | | |
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| **5. References**  At least 2 references will be sought using the information provided at section 3 above. Please also provide details of personal referees here. Referees must be over 18 and not be family members or relatives. Please note that 'Self-supplied’, ‘to whom it may concern’ and verbal references will not be accepted. | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| Name: | | | Telephone No: | | |
| Address (including postcode): | | | Email Address: | | |
| In what capacity do you know this person? | | | | | |
| **6. Declaration** | | | | | |
| I confirm that the information I have given in this application form is a true, accurate and complete statement.  I understand that any offer of appointment is subject to satisfactory pre-appointment checks as well as completion of a Confidential Declaration Form and satisfactory disclosure from the Disclosure and Barring Service at the appropriate level, where this is a requirement of the role as stated on the job description. | | | | | |
| Signed: | | | Print Name: | | |
| Date: | | |