

Winchester Youth Counselling

Р	ost applied for	·:								
1.	PERSONAL	DETAI	LS							
	Surname:				First Na	ımes:				
	Address:									
	Daytime Tel	l No.:				Ever	ning Tel No.:			
2.	EDUCATION Establishme				From:	To:	Qualifications	s/Grade		
				,						

		ATED TR courses)		(Include m	nemb	ership o	of pro	ofes	sional institutes	, vocation	al and	non-	
Inst	titute/	Courses	Studied:			From:	Тс) :	Standard or Level Achievement				
4. EM	PLOY	/MENT H	IISTORY	,									
CUF	RREN	IT EMPLO	OYER										
Em	ploye	r's Name	/Dept:										
Add	dress:												
Post He	eld:					Date Appointed:							
Salary							Grad	de (i	f applicable)				
Other A	Allowa	inces:											
Notice I	Perio	d:											
PREVIO	US E	MPLOYN	/IENT (m	nost recent	empl	oyee fir	rst)			1			
Emp	olover	's Name a	and				Pos	st H	eld		Da	tes	
		usiness					1 oot Hold			From To			
										Month	Year	Month	Year

5.	REASON	S FOR API	PLYING FOR	тн	IS POST							
			PERSONAL Il your experie			nd abilitie	es relevan	t to the po	nst annlie	ed for	Include d	details
p	of any volunt parent gover	ary or unpa nor, playso	aid duties you chool assistan heet if necess	ı hav ıt, co	ve perfori ommittee	med, par	ticularly a	ny positio	ns of res	ponsibi	lity held	e.g.

8. REFERENCES Please give details of two people who can provide information that can confirm your suitability for this post. Where appropriate one person should be your current or most recent employer: the other should be someone who has known you in a professional capacity. References may be taken up before interview, please indicate whether this is acceptable by ticking the relevant box. Name: Position: Email Address: Daytime Tel No Yes No Name: Position: Email Address: Daytime Tel No: Yes No 9. FURTHER INFORMATION AND DECLARATION Do you hold a full UK Driving Licence? Yes No Do you have use of a car for work? Yes No Do you have a Yes/No	7. ADDITIONAL INTERESTS (such as mem	nbership of a club o	or leisure act	tivities and hobbies)	
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	Would you have use of a car for work?			Yes	No

check

Do you have a work F	Permit to work in	n UK: Yes/No		
National Insurance N				
I certify that the inform	nation given on	this form is cor	rect to the be	st of my knowledge.
Signed:				
Date				
Email address				