



| |
|-----------------------------|
| Job Application Form |
|-----------------------------|

Please provide as much detail as possible and where necessary provide additional information on separate sheets attaching them to this form.

| | |
|---------------------------------------|--|
| Post Applied For: | |
| Job Reference (if applicable): | |

| | | | |
|--|--|---------------------------------|---------------------------------|
| Title: | Other Names: | | |
| First Name: | Last Name: | | |
| Address: | | | |
| | | | |
| | Post Code: | | |
| Telephone/Mobile Number: | Email: | | |
| How would you like us to contact you regarding your application? | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Email: <input type="checkbox"/></td> <td style="width: 50%;">Phone: <input type="checkbox"/></td> </tr> </table> | Email: <input type="checkbox"/> | Phone: <input type="checkbox"/> |
| Email: <input type="checkbox"/> | Phone: <input type="checkbox"/> | | |

Personal Details:

Working in the UK:

| | | |
|---|------------------------------|-----------------------------|
| Are you eligible to work in the UK/EEA? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you require a work permit to work in the UK? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| National Insurance Number: | Date of Birth: | |
| DBS Disclosure Number (if applicable): | | |



For persons who are not British or EU nationals - If you have any conditions related to your employment please give full details:

Employment History:

Start with your most recent position including periods of unpaid or unemployment.

| | | |
|--|------------|-----------|
| Name of Current/Last Employer: | | |
| Address: | | Postcode: |
| Position Held: | Date From: | To: |
| Reason For Leaving: | | |
| Notice Period: | Salary: | |
| Brief description of responsibilities: | | |

| | | |
|---------------------------------------|------------|-----------|
| Name of Current/Last Employer: | | |
| Address: | | Postcode: |
| Position Held: | Date From: | To: |
| Reason For Leaving: | | |
| Salary: | | |
| Brief description of responsibilities | | |

| |
|--------------------------------|
| Name of Current/Last Employer: |
|--------------------------------|



| | | |
|--|------------|-----------|
| Address: | | Postcode: |
| Position Held: | Date From: | To: |
| Reason For Leaving: | | |
| Salary: | | |
| Brief description of responsibilities: | | |

| | | |
|--|------------|-----------|
| Name of Current/Last Employer: | | |
| Address: | | Postcode: |
| Position Held: | Date From: | To: |
| Reason For Leaving: | | |
| Salary: | | |
| Brief description of responsibilities: | | |

| | | |
|--------------------------------|------------|-----------|
| Name of Current/Last Employer: | | |
| Address: | | Postcode: |
| Position Held: | Date From: | To: |
| Reason For Leaving: | | |
| Salary: | | |



Brief description of responsibilities:

Please specify how many days you have taken off sick/absent in the last 2 years

Total Days: _____ Number of Occasions: _____

Referees:

Please provide three referees, one should be your Line Manager from your current/last employer and include two other employment references.

| | |
|------------------------------|----------------|
| Company Name: | |
| Referees Name: | Position Held: |
| Address: | |
| | Postcode: |
| Email: | Number: |
| Relationship to the Referee: | |

| | |
|------------------------------|----------------|
| Company Name: | |
| Referees Name: | Position Held: |
| Address: | |
| | Postcode: |
| Email: | Number: |
| Relationship to the Referee: | |

| | |
|----------------|----------------|
| Company Name: | |
| Referees Name: | Position held: |
| Address: | |
| | Postcode: |



| | |
|------------------------------|---------|
| Email: | Number: |
| Relationship to the Referee: | |

Education and Qualifications:

Please give details of Secondary and Further Education including A' Levels or Vocational Courses:

| Secondary Education | | |
|-------------------------------------|-------------|-----------|
| Name of School: | Dates From: | To: |
| Address: | | |
| | | Postcode: |
| Qualifications and Grades obtained: | | |

| College/University/Other | | |
|-------------------------------------|-------------|-----------|
| Name: | Dates From: | To: |
| Address: | | |
| | | Postcode: |
| Qualifications and Grades obtained: | | |

| College/University/Other | | |
|-------------------------------------|-------------|-----------|
| Name: | Dates From: | To: |
| Address: | | |
| | | Postcode: |
| Qualifications and Grades obtained: | | |



Professional Qualifications:

Please provide details of any professional qualifications or memberships of professional institutions that you hold:

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

| |
|------------------------------|
| Name of Professional Body: |
| Membership Grade and Number: |
| Date Obtained: |

Personal Declaration:



The position for which you are applying involves contact with Children, therefore for these positions you are not entitled to withhold information about Police cautions, bind overs or criminal convictions including any that would otherwise be considered 'spent' under the Act.

Have you ever been convicted of any offence or bound over or given a caution?

Yes No

If yes, please provide details below.

(I understand that if my application is successful, I will be required to obtain a DBS check at the appropriate level).

Please provide details of any Police cautions, bind overs or criminal convictions as necessary *(as above)*:

Declaration:

For the purpose of the Data Protection Act 2018, I consent to the information contained in this form and any information received on my behalf of London College Beauty Therapy relating to the subject matter of this form being processed by them in administering the recruitment process.

I consent to relevant searches being conducted in regards to my application.

I declare that the information given on this form is complete and accurate and that I am not banned or disqualified from working with Children nor subject to any sanctions or conditions on my employment imposed by the Independent Safeguarding Authority, the Secretary of State or a regulatory body.

I understand that to knowingly give false information, or to omit any relevant information, could result in the withdrawal of any offer of appointment, or dismissal at any time in the future and possible criminal prosecution.

Signed: _____

Date:

Print Name: _____

Please note anyone applying via email will be required to sign and date this form if invited to attend an interview.