



Dry Stone Walling Association Application Form

INTERNAL
USE ONLY

No INT

Please use this form, which should be completed in BLACK INK or TYPESCRIPT.

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| Position applied for: | National Dry Stone Walling Training Bursary |
| Where did you see this Bursary advertised? | |

| | |
|---|--|
| PERSONAL DETAILS Please complete this section in BLOCK CAPITALS except where otherwise stated. | |
| Surname (Mr, Mrs, Miss, Ms) | Forename(s) |
| Address | Tel Number Home: Mobile: Email: |
| Postcode | |
| Date of Birth: | Do you require a work permit? Yes () No () |
| Do you possess a full, current, driving licence ? Yes () No () | Please give details of any current endorsements: |
| Can you provide your own vehicle ? Yes () No () | |

EDUCATION

| Secondary School(s) | From: | To: | Certificates gained (with dates & grades) |
|---------------------|-------|-----|---|
| | | | |

| University/College attended | Course followed (give dates) State full or part time | Qualifications gained with date(s) and grade(s) |
|-----------------------------|---|---|
| | | |

ADDITIONAL QUALIFICATIONS

| Qualification | Date taken |
|---------------|------------|
| | |

EMPLOYMENT HISTORY

| Employer | Dates of Employment | Job Title and summary of main responsibilities |
|----------|---------------------|--|
| | | |

If you were selected for this training bursary, how soon after an interview would you be able to start the training?

Have you ever been dismissed or discharged by an employer?
If yes, please give details

Please give details of any health issues that you believe may impact on your ability to carry out this training:

If you do have health issues, what adjustments might be made by the DSWA, if appointed, to ensure your ability to carry out your training?

REFEREES

Please give the names, addresses and telephone numbers of two referees (referees will be approached in the event of your being considered for the Training Bursary)

Name

Address

Tel No

Position Held

Name

Address

Tel No

Position Held

MEMBERSHIP OF SOCIETIES, CLUBS, ORGANISATIONS, OTHER HOBBIES AND INTERESTS

REHABILITATION OF OFFENDERS ACT

Please give details of any convictions of a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974/Rehabilitation of Offenders (Northern Ireland) Order 1978.

REASONS FOR APPLICATION

You may submit this information by completing the box below or as an audio or video file. You may like to include photographs or other supporting documents with your application but we cannot return them.

Please tell us a little about yourself and give the reasons for applying for this training bursary together with any other information relevant to your application.

DATA PROTECTION

Access to the information contained in this form will be restricted to a limited number of authorised individuals for the purposes of interviewing and appointing a suitable candidate.

I certify that the information contained on this application form is, to the best of my knowledge, correct. I understand that the DSWA reserves the right to withdraw an offer of a training bursary or to terminate any offer already commenced if the information given by me is found to be inaccurate or misleading in any way.

Name

Signature

Date

Please send your completed form and any supporting documents to the DSWA Training & Education Coordinator at:
Dry Stone Walling Association, Lane Farm, Crooklands, Milnthorpe, LA7 7NH CLOSING DATE 7th May 2018
Audio or video files should be sent via email to training@dswa.org.uk

If you need help with this form please contact the DSWA office: Tel 015395 67953

This Training Bursary is supported by The Heritage Lottery Fund