

	<h1>Dry Stone Walling Association</h1> <h2>Application Form</h2> <p><i>Please use this form, which should be completed in BLACK INK or TYPESCRIPT.</i></p>	INTERNAL USE ONLY	
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Position applied for:	Head Office Administrator
Where did you see this post 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:
Postcode	Email:
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	Salary at date of leaving and reason for leaving

If you were selected for this post, how soon after an interview would you be able to start in post?

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

Do you have any health issues that DSWA might need to be aware of and, if appointed, what adjustments might be made by the DSWA if necessary to ensure your ability to carry out your duties?

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 post)

Name	Name
Address	Address
Tel No	Tel No
Position Held	Position Held

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

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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.

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REASONS FOR APPLICATION

Please tell us a little about yourself and give the reasons for applying for this post 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.

Please send your completed form and any supporting document, with Reference **Office Administrator** to:

Chairman, Dry Stone Walling Association, Lane Farm, Crooklands, Milnthorpe, Cumbria, LA7 7NH
or email to chair@dswa.org.uk

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 employment or to terminate any employment already commenced if the information given by me is found to be inaccurate or misleading in any way.

Name

Signature

Date

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

Closing date for completed applications 12 noon 2nd June 2023