

# Application Form

## Personal Details

First Name(s)..... Surname.....  
Term Address.....  
Postcode..... Telephone..... Dates at this Address.....  
Home Address.....  
Postcode..... Telephone..... Dates at this Address.....  
Date of Birth...../...../..... Ethnic Origin..... Marital Status.....

## Education

Please note that we are interested in graduates from any discipline with a minimum expected/achieved 2.2 honours degree.

### Secondary Education

School(s) Attended..... Dates to and from.....  
College(s) Attended..... Dates to and from.....  
GCSE Subjects.....  
Results.....  
A/AS Level Subjects.....  
Results.....

### Higher Education

University/College..... Dates to and from.....  
BA/BSc, Course Title.....  
Results, Expected.....  
Results, Obtained.....

**Please highlight the subjects covered in your degree course including details of your final year projects.**

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## Employment History

Current/Most Recent Employer Name and Address..... Dates to and from.....  
Position held, responsibilities and knowledge gained.....  
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Previous Employer Name and Address..... Dates to and from.....  
Position held, responsibilities and knowledge gained.....  
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Previous Employer Name and Address..... Dates to and from.....  
Position held, responsibilities and knowledge gained.....  
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## Computer Skills

Please give details of your IT literacy, including examples of packages/programmes used.

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## Interests

Please give details of any extra curricular activities/hobbies and how they have been of benefit to you.

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How did you hear about our graduate programme?

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## Driving Ability

Do you own a car?    Yes [ ] No [ ] (Please Tick)

Do you have a current UK driving licence?    Yes [ ] No [ ] (Please Tick)

If yes, what type?    Full [ ] Provisional [ ] HGV [ ] Motorcycle [ ] (Please Tick)

Do you have any current or impending driving convictions?    Yes [ ] No [ ] (Please Tick)

If yes, please give details. ....

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Do you have any health conditions that may affect your ability to drive?    Yes [ ] No [ ] (Please Tick)

If yes, please give details. ....

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## Health Details

Are you in good health?    Yes [ ] No [ ] (Please Tick)

Do you have any disability, condition or illness, which may affect your ability to carry out this position?    Yes [ ] No [ ]

If yes, please give details to allow us to consider reasonable adaptations. ....

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Are you registered disabled?    Yes [ ] No [ ] (Please Tick)

If Yes, please state RDP Number. ....

Have you ever tested positive for any communicable disease, e.g. HIV, Aids, Hepatitis B, etc?    Yes [ ] No [ ] (Please Tick)

If Yes, please specify. ....

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