



On completion,
Please send this form to:

Mr Paul Young
Adrenaline Alley
Arnsley Road
Weldon North Industrial Estate
Corby
Northamptonshire
NN17 5QW
paulyoung@adrenalinealley.co.uk

For Office use only

Application No: _____

Tel : (01536) 202049

This form should be either hand-written in **black ink** or typed. Additional sheets may be attached including CV's

Post Title _____ Closing Date: _____

1. PERSONAL DETAILS

Title (please circle) Mr / Mrs / Miss / Ms / Dr / Other (please state) _____

Surname _____ Forenames _____

Address _____ Telephone (Home) _____

_____ Mobile _____

_____ Telephone (Work) _____

Postcode _____ If necessary, may we telephone you at work? Yes
No

Date of birth: _____ E-mail address _____

2. REFEREES

Please provide the names, addresses and telephone numbers of two referees, one of whom should be your present or most recent employer, if applicable.

Name (with Title) _____ Name (with Title) _____

Organisation (if applicable) _____ Organisation (If applicable) _____

Job title _____ Job Title _____

Address _____ Address _____

_____ _____

_____ _____

Postcode _____ Postcode _____

Telephone _____ Telephone _____

May be contacted prior to interview? YES NO May be contacted prior to interview? YES NO

This page will be removed for short-listing purposes

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Application No: _____

EMPLOYMENT HISTORY

Please give details of all positions held.

3. PRESENT OR LAST EMPLOYER

Employers Name _____ Job Title _____
Address _____ Date Appointed _____
_____ Current Salary _____
_____ Notice Required _____

Current Main Duties and Responsibilities: _____

Reason for seeking other employment _____

Do you have any experience in the urban industry? YES NO

If Yes, please state your involvement - _____

4. PREVIOUS EMPLOYMENT – (MOST RECENT EMPLOYMENT FIRST).

Name & Address of Employer	Job Title	Length of time in job	Reason for Leaving

4. PREVIOUS EMPLOYMENT - MOST RECENT EMPLOYMENT FIRST (CONTINUATION)

Name & Address of Employer	Job Title	Length of time in job	Reason for Leaving

5. EDUCATION, QUALIFICATIONS AND TRAINING

Please detail your qualifications that meet with the essential and / or desirable criteria in the Person Specification. Please list any additional qualifications and training which you feel are relevant in support of your application.

**Please note: Evidence of relevant qualifications is an essential requirement upon appointment.
You will be asked to provide originals of any certificates prior to commencing employment**

Subject	Type of Qualification (eg GCSE/AS/A2/ degree)	Grade obtained	School/College or University or place of work where qualification obtained.

6. CURRENT STUDIES

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7. MEMBERSHIP OF PROFESSIONAL BODIES (CURRENT STATUS)

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8. SUPPORTING INFORMATION

- Please give examples of how you meet the requirements of the Person Specification.
- You may also give details of relevant experience, qualifications, your reasons for applying and any other information about yourself, which you feel is relevant to the position.
- Please use a separate sheet of paper if required, making sure it is securely attached to your application form. We recommend that you write your National Insurance number on any additional sheets as a form of identification, as Adrenaline Alley cannot be held responsible for the loss of attached papers.

8. SUPPORTING INFORMATION – CONTINUATION

9. DRIVERS LICENCE

Do you possess a full driving licence?

YES

NO

Do you have any current endorsements or convictions?

YES

NO

If 'YES', please specify _____

OTHER INFORMATION

10. MEDICAL

Do you have a disability?

Disability is defined as a physical or mental impairment, which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Yes

No

If yes, please provide further detail: _____

NOTE :

The successful candidate will be required to complete a medical report form and may be required to take a medical examination

11. NATIONAL INSURANCE NUMBER: (PLEASE NOTE: THIS IS AN ESSENTIAL REQUIREMENT)

Please indicate here: _____

12. RELATIONSHIP TO EMPLOYEES / ELECTED MEMBERS

Are you related (including common-law) to any Elected Members (ie/Board members) or employees of Adrenaline Alley? YES NO

If 'YES', please give name and relationship _____

13. CRIMINAL CONVICTIONS

I understand that some posts may require me to give details of any criminal convictions. If this post falls into this group, I confirm that I will provide the information required on a questionnaire to be sent to me at the time of shortlisting and agree that, if necessary, it may be checked against Police records.

Signed _____ Date _____

14. DECLARATION

I declare that all information is true. I understand that any canvassing or failure to disclose a relationship with a Board Member or an Employee of the Charity, or false declaration of any information, may disqualify me. If such failure is discovered following appointment, I may be liable to dismissal.

Signed _____ Date _____

Please note: if you have not received a response to your application within one month of the closing date, then your application has been unsuccessful.

Pages 1 & 6 will be removed for short-listing purposes

The information you provide on this form will be used in accordance with the Data Protection Act 1998 and your form will be retained for six months from the closing date. If you are the successful candidate, this form will be part of your employee file and may be used for a number of employment related purposes.