



APPLICANT'S FAMILY NAME		APPLICATION contact email	Mobile number
FIRST GIVEN NAME		SECOND NAME	
POSITION APPLIED FOR			
NATIONAL INSURANCE NUMBER -			
HOW DID YOU FIND OUT ABOUT THE POSITION YOU ARE APPLYING FOR? -			

CURRENT RESIDENTIAL ADDRESS

ADDRESS			
POST CODE			

CONTACT NUMBERS

TELEPHONE – DAY		TELEPHONE – EVENING		MOBILE	
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DATE OF BIRTH		CAN YOU PROVIDE PROOF OF YOUR RIGHT TO WORK IN THE UK?	
DO YOU HAVE A CURRENT FULL DRIVING LICENCE?		LICENCE NUMBER →	EXPIRY DATE
DO YOU HAVE A MOTOR VEHICLE SUITABLE FOR EMPLOYMENT USE WHICH IS COVERED BY BUSINESS INSURANCE		DISABILITY DISCRIMINATION ACT DO YOU CONSIDER YOURSELF DISABLED OR DO YOU HAVE A LONG TERM MEDICAL CONDITION?	

CURRENT EMPLOYMENT DETAILS

EMPLOYER'S NAME	EMPLOYER	EMPLOYMENT DATES	DATES IN EMPLOYMENT
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		AMOUNT OF NOTICE REQUIRED TO EXIT CURRENT POSITION	
What are the main duties in your current post?		List career highlights during the past 12 months.	

EMPLOYMENT HISTORY

Please attach additional pages if the space provided, in any section, is insufficient.

NOTE:

Full work history should be recorded in reverse order, commencing with most recent. Please include part-time and voluntary work.

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EDUCATIONAL QUALIFICATIONS

DATES TO/FROM	NAME OF INSTITUTION ATTENDED	QUALIFICATION GAINED	AREA OF STUDY
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ANY OTHER RELEVANT QUALIFICATIONS OR TRAINING

DATES: TO/FROM	NAME OF INSTITUTION ATTENDED	QUALIFICATION GAINED	AREA OF STUDY

OTHER RELEVANT ACTIVITIES OR PUBLICATIONS (PLEASE GIVE DETAILS)

DATE	ACTIVITY UNDERTAKEN	COMMENT

MAJOR CAREER ACHIEVEMENTS/HIGHLIGHTS DURING THE PAST THREE YEARS

DATE	OUTLINE OF ACHIEVEMENT/HIGHLIGHT	COMMENT

ANY CLOSE CONNECTION TO BANYA

Are you related, or closely connected, to any staff member or individual associated with Ramah Ker Services?	YES	NO
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IF YES

Please give details, including individual's name, and describe the association

DECLARATION OF OFFENCES

This position is exempt from the conditions of the Rehabilitation of Offenders Act 1974. You are requested to disclose any offences on the enclosed Banya Declaration of Offences form, and return the form with your application.

In addition, Criminal Records Bureau (CRB) checks will be carried out before an offer of employment is made. There is a CRB Code of Practice, a copy of which is available on request.

REFEREE CONTACT DETAILS

Please supply names and contact details of two referees. At least one of these should be for your current or most recent employment.

NAME	OCCUPATION	ADDRESS	TELEPHONE NUMBER	EXPLAIN THE TYPE OF ASSOCIATION YOU HAVE WITH THEM	EMAIL ADDRESS

NOTE: REFEREES WILL NOT BE CONTACTED UNTIL WE HAVE YOUR APPROVAL.
WE WILL PHONE YOU BEFORE WE CONTACT REFEREES.

PERSONAL STATEMENT

Please tell us why you are attracted to this post, and why you feel you would be suitable for the position, giving details of relevant skills, experience and knowledge.

DECLARATION: I declare that to the best of my knowledge the information I have supplied is correct and complete.

SIGNATURE: _____

DATE: _____

Please return Application Form to: info@crystalight.co.uk

For Crystalight Services office use only

<i>DATE APPLICATION RECEIVED:</i>		<i>ACKNOWLEDGEMENT LETTER MAILING DATE:</i>	
<i>DATE APPLICANT ADVISED OF INTERVIEW TIME – if selected:</i>		<i>DATE APPLICATION OUTCOME LETTER MAILED:</i>	
<i>EMPLOYMENT COMMENCEMENT DATE – if selected:</i>			