

PART 1 - STATEMENT

- I certify that, to the best of my knowledge, all the statements made below are true and accurate and, in particular, that I have not omitted any facts which may have a bearing on my application.
- I give explicit consent that the information given on this form may be retained in conjunction with my personal file. I understand it is Diagrama policy to destroy personal files 5 years after an employees leaving date and to normally destroy vetting information 6 months from date of approval or rejection of employment
- Diagrama may take steps to verify the information that I have provided by contacting referees and checking professional registers.
- I am aware that providing false information could result in my application being rejected or may lead to summary dismissal if I am selected for a position within Diagrama. If I am registered with any professional body Diagrama will inform them that I have provided false information on my application form.

Signature______Date____

PAF	RT 2 - PERSO	NAL DETAILS						
Posit	ion applied for	r:						
Whe this p	re did you see ost advertised	d:						
Title:		Forenames:			Surname:			
Current Address:		Previous a	us addresses (past 5 years):		From (mm/yy):	To (mm/yy):		
Date from:								
Place	e of Birth:			National Insurance	e Number:			
Dayti	me Number:			Evening Number:				
Ema	il Address:							
Do v	ou hold a full.	current drivina lic	ence?	YES		N	0	



PART 3 - PRESENT OR MOST	RECENT EMPLOYER	
Present or most recent employer:		
Address:		
Post Code:		
Telephone:	Salary:	£
Position held:	Full Time/Part Time:	
Date started:	Notice Period/Leaving Date:	
Key responsibilities of post and r	nain achievements:	
Reason for leaving/Wishing to L	eave:	



PART 4 – FULL EMPLOYMENT HISTORY (including any self employment, voluntary work, periods of training/education and accounting for any gaps in employment history – please provide explanations for any employment gaps)

Name & Address of Employer:	Start Date:	End Date:	Job Title & Main Duties:	Reason for Leaving:
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				
Name:				
Address:				

(If necessary please continue on a separate sheet of paper)



PART 5 - REFERENCES – We will seek 3 references at the short listing stage. Diagrama reserves the right to contact any previous employer to verify information regarding your employment to ensure the safeguarding of the young people in our care.

	Most Recent	Employer:	Previous Employer:	Previous employer:
Referees Name:				
Referees Job Title:				
Dates Covered:				
Business Name and Address:				
Postcode:				
Telephone:				
Business E-Mail:				
Contact:	YES	NO		

PART 6 - SCHOOL EDUCATION					
Qualifications/Level	Subject	Grade	Year		

PART 7 - FURTHER EDUCATION					
University or College	Degree or Qualification	Start Date	End Date		

(If necessary please continue on a separate sheet of paper)



Professional Body	Registr No.		Conditions Affecting Registration		ined Expiry Date
Please give details	of any former r	egistration with an	ny professional hor	lies.	
Professional Body	Registration No	Conditions Affecting Registration	Year Gained	1	Reasons for ceasing to be registered
		Registration			registereu

PART 9 – ADDITIONAL INFORMATION

Please provide a written statement detailing your knowledge, skills and attitude in support of your application and why you want to work in this role:
and wify you want to work in this role.

(If necessary please continue on a separate sheet of paper)