



Registration Form

(1) Personal Details

Title: _____ Surname: _____

Forenames: _____

Physical Address: _____

 _____ Postcode: _____

Postal Address: _____
 _____ Postcode: _____

Tel Home: _____ Tel Work: _____ Extn: _____

Tel Cell: _____ Email: _____

Date of Birth: _____ Country of Birth: _____

Male/Female: _____ Nationality: _____

Marital Status: _____ No. of Children: _____ Ages: _____

Do you hold a current driving licence? Yes: No: Do you have any current or pending motoring offences? Yes: No:

If so, please state: _____

Do you have your own transport? Yes: No: Company car? Yes: No:

Do you speak any foreign languages? Yes: No: If yes, please state which and level of competence: _____

How did you hear of ChaseWaterford Personnel? _____

(2) Applicant profile

Are you prepared to move to another area? Yes: No: If so, location(s)? _____

Are you prepared to move overseas? Yes: No: If so, country(s)? _____

Current salary/rate of pay: _____ Bonus or OTE: _____

Minimum salary requirement: _____ What is your notice period? _____

Hours of work preferred (please tick): Full Time: Part Time: Evenings: Weekends:

Would you consider contract work? Yes: No:

(3) Details of Professional Memberships/Registrations

Please record details of registration / qualification bodies, i.e. PSIRA grading and registration no:

Name of body:	Date of registration/qualification:	Registration no./qualification obtained:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



(5) Professional Conduct

Have you ever received a police caution, been fined or sentenced to imprisonment for a criminal act? Yes: No:

Has any order been made against you by a civil or military court or public authority? Yes: No:

Have you ever been the subject of professional misconduct proceedings or are any such proceedings pending? Yes: No:

(6) Health Questionnaire

Please give details of any other serious illness, injury, operation, physical defect or disability: _____

How many days (approximately) have you been absent owing to illness in the last 2 years? _____

Are you registered as a disabled person? Yes: No:

If yes, please provide registered/certificate no. & expiry date: _____

(7) Education

Name & address of last School attended:	From:	To:	Exams Passed:	Grades:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Name & address of Colleges, Universities attended:	From:	To:	Type of Course:	Highest Qualification:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(8) Personal References

Give the names and addresses of two personal referees known to you in excess of 10 years and in what capacity. These should not be relatives or previous employers. School leavers/graduates should name their headmaster/tutor as applicable:

<p>1</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ Postcode: _____</p> <p>Tel: _____</p>	<p>2</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____ Postcode: _____</p> <p>Tel: _____</p>
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I certify that, to the best of my knowledge, the information that I have given is true and complete. I have never been convicted of any civil or criminal offence or dismissed from employment for any misconduct. I understand that any false statement or omission may render me liable to dismissal without notice or prosecution. I authorise storage and retrieval of information supplied on this form and any attachments to assist in the pursuance of my application for employment or for the Company to provide statistical analysis.

I have enclosed _____ sheet(s) with my application.

Applicant's signature: _____ Date: _____

(9) Applicants are requested to tick the relevant boxes below ONLY to enable the company to monitor its equal opportunity policy.

Ethnic group: White: Black African: Black Caribbean: Black Other: Coloured:

Indian: Bangladeshi: Pakistani: Chinese: Other: