



RICIDE TRAINING CENTRES

Summary Staff Application Form

Post -----

Last Name -----

First Names/s -----

Address -----

Post Code ----- E-mail -----

Telephone Number Day ----- Eve -----

Date of Birth ----- Age -----

Marital Status *Married / Divorced / Widowed / Single*

National Insurance Number -----

Number and Ages -----

of Dependent Children -----

CURRENT OR LAST EMPLOYMENT

Name -----

Address -----

Telephone -----

Position ----- Annual Salary -----

Start Date ----- End Date -----

Brief Description -----

of Duties -----

EDUCATION and TRAINING

| Start Date | End Date | Course Title | Institution |
|------------|----------|--------------|-------------|
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |
| ----- | ----- | ----- | ----- |

REFEREES who are able to comment on your professional skills - Two referees

| | 1 | 2 |
|-----------|-------|-------|
| Name | ----- | ----- |
| Position | ----- | ----- |
| Address | ----- | ----- |
| | ----- | ----- |
| | ----- | ----- |
| Telephone | ----- | ----- |

Do you possess a current valid UK driving licence ? -----

Do you have daily use of a personal motor car ? -----

Any further information you may care to offer - You may also enclose a detailed curriculum vitae.

Signature ----- Date -----

By his/her signature the Applicant warrants that the information provided is correct and that there are no material omissions of information that should be disclosed to a prospective employer.

Please return the completed form to - Ricide Ltd, The Old Stables, Sycamore Court, Peterston-super-Ely, Cardiff CF5 6LG. FAX-01446 760022 P4/docs/txt/staff/new/staf_enr_ila.ppp