



APPLICATION FORM

Applying for: <input type="checkbox"/> Professional editing services <input type="checkbox"/> New Write-up Summary description: Approximate number of words (standard page; 250):	Date:
Where did you hear of this service?	

Please answer all questions. Use a separate sheet with your name on if you require more space for any of your answers. You are encouraged to include your current CV.

PERSONAL DETAILS

Dr/Mr/Mrs/Miss/Ms:	Place of Birth:
Surname:	Nationality:
Forenames:	Age:
SSNIT number:	School index number:
Permanent Home Address:	Address for Correspondence (if different):
Postcode:	Postcode:
Email address:	Email address:
Telephone No:	Telephone No:

Please note: All applicants are required to provide a copy of a valid ID.

INTERVIEW INFORMATION (For new write-ups only)

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HEALTH:

Have you a physical, sensory or mental disability?

YES / NO

EDUCATION

Name & Address of School / College / University with Dates	Examinations Taken (or about to be taken)			
	Date Taken	Name of Examining Body	Subject and Qualification	Pass/Fail and/or Grade

PROFESSIONAL QUALIFICATIONS

Name of Institution	Class of Membership	Examinations taken (or exemption granted)	Date Elected	Membership No

EMPLOYMENT

Cover employment including apprenticeships, self employment, and any service with the Armed Forces (give rank and number) during the last 10 years. Please give reasons for any gaps in employment. Continue on separate sheet if necessary.

Employers Name and full Address	Job held and significant achievements	Length of Service	Reason for Leaving	Leaving Salary (plus Benefits)

Please indicate the reasons behind your application and your skills, abilities, experience and qualifications in relation to the service you are applying for.

ADDITIONAL INFORMATION

Please enter any additional information and experience you feel is relevant to your application.

REFERENCES / INFORMATION

Please supply us with two references	
School/College/University: YES / NO / Not Applicable	Previous Employer: YES / NO / Not Applicable
Present Employer: YES / NO / Not Applicable	
Please give name, address and telephone number of two referees:	
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DECLARATION

<p>I declare that to the best of my knowledge and belief the above statements are correct and complete and I understand that if any particulars I have given are found to be false I may be regarded as ineligible for the above service.</p> <p>Privacy policy I also agree that, in accordance with the Data Protection Act 2012 the information provided on this form will be used in our assessment process and may be disclosed to all those who need to see it. It will also form the basis of the confidential personnel records of the applicant.</p>	
Signature:	Date:

PLEASE NOTE: If you are sending this application form via e-mail you will be required to sign the last page of the form, take a photograph or scan and attach in your return email.