

Are you currently receiving medical advice and/or taking medication?

YES/NO

If YES, please give details below:

I declare that, to the best of my knowledge, all answers are correct and I am not suffering from a disability or illness that I have not revealed.

The information I have written on my application form is, to the best of my knowledge, correct at the time of the application.

Signature of applicant

Date

If you have failed to declare any convictions or charges pending we reserve the right to withdraw our offer of registration and/ or may remove you from the register

TRINITY TRAINING AND RECRUITMENT SERVICES LTD TO SIGN ONLY

Interview comments

Signed:

Checklist covered, suitable attitude, Caring Nature, Willing to accept FC methodology.

- 1 Reference Interview Manual Handling CRB Received
- 2 Reference Induction POVA Received

Recommended Action:

Accept

Decline with reasons below



Suite 104, Wigham House
16-24 Wakering Road,
Barking Essex IG11 8QN
Tel. 0208 591 7227
07949 309634
E: info@ttrsLtd.com
www.ttrsLtd.com

APPLICATION FORM

Surname: _____ Title: _____ Address: _____

Forenames: _____

Nationality: _____

Tel No _____

Mobile _____

Language Spoken _____

Position Applied _____

Postcode _____

Email _____

NI Number _____

Do you hold a current driving licence? _____

Do you have your own transport? _____

Name and Telephone No of Emergency contact _____

Two References: (Both of whom must be your present/previous employer, or if unemployed, your last employer)

Company Name: _____	Company Name: _____
Contact Person: _____	Contact Person: _____
Address _____	Address _____
Telephone: _____	Telephone: _____
Relationship: _____	Relationship: _____
Office Only: Ref Sent _____	Office Only: Ref Sent _____

May we send for references Yes/No _____

In order to monitor the effectiveness of our equal opportunities policy, we request all applicants to provide the information indicated. Please tick the appropriate category:

Male <input type="checkbox"/>	African <input type="checkbox"/>	Turkish Cypriot <input type="checkbox"/>	UK Black <input type="checkbox"/>
Female <input type="checkbox"/>	Asian <input type="checkbox"/>	Greek Cypriot <input type="checkbox"/>	White <input type="checkbox"/>
	Caribbean <input type="checkbox"/>	Irish <input type="checkbox"/>	Not Stated <input type="checkbox"/>
	Chinese <input type="checkbox"/>	Jewish Orth. <input type="checkbox"/>	Disabled <input type="checkbox"/>

Please circle under: 25yrs - 30yrs - 40yrs - 45yrs - 50yrs - 55yrs - 60yrs 65yrs - over 65