

CENTRA (Education and Training Services) Limited

JOB APPLICATION

Applicant's Name

Post Applied For

Completed Application Forms to be returned to:

The Chief Executive, CENTRA (Education and Training Services) Limited
Duxbury Park Duxbury Hall Road Chorley Lancashire PR7 4AT

Telephone No: 01257 241428

Fax No: 01257 260357

E-mail: enquiries@centra.org.uk

Website: www.centra.org.uk



MEDICAL DETAILS

- | | | |
|-------|--|------------|
| (a) | Are you in good health? | YES/NO |
| (b) | Are you now receiving any medical treatment? | YES/NO |
| (c) | If YES to (b) above, please give details: _____

_____ | |
| (d) | How many days work have you missed in the last two years due to illness? | _____ days |
| (e) | Are you registered disabled? | YES/NO |
| (f) | If YES to (e) above, please state | |
| (i) | nature of disability _____ | |
| (ii) | registered number _____ | |
| (iii) | date of expiry _____ | |

DRIVING DETAILS

- | | | |
|-----|--|--------|
| (a) | Do you hold a current and full driving licence? | YES/NO |
| (b) | Have you the use of a car for work if necessary? | YES/NO |

REFEREES

Please give the names, positions and addresses of two persons willing to be approached for professional references and who are able to comment upon the quality of your work in your last five working years (*one of these must be your present employer for applicants currently employed*).

1.	2.

State earliest date on which you could assume duty if appointed _____

State where you saw this post advertised _____

State current annual salary

£ _____

I declare that the information given on this Application Form is correct to the best of my knowledge and belief. I am aware that the provision of false information may following appointment, lead to disciplinary action.

Signature _____ Date _____