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| **JOB ROLE** |
| **Role you are applying for** |  |
| **Where did you see or hear about this vacancy?** |  |
| **Do you have a family member who currently works at the CWGC?** |  |
| **PERSONAL DETAILS** |
| **Surname** |  |
| **Forename(s)** |  |
| **Preferred / Known as name** |  |
| **Home Telephone Number** | **Mobile:** | **Landline:** |
| **Email Address** |  |
| **Home Address** (*where you currently reside*) |  |
| **Postal Address** (*if different from home address*) |  |
| **Do you hold a full current driving license?** (*if required in the Job Description*)  |  |
| **Do you hold a valid passport?** (*if required in the Job Description*)  |  |
| **Do you have the right to work in India?** |  |
| **If ‘No’, when is your Work Permit / Visa due to expire?** |  |
| **Please give details of any reasonable adjustments that you may require to assist you with your application, attendance at interview, skills testing or to carry out the role** |  |
| **What other work / voluntary commitments do you have?** |  |
| **EDUCATION/QUALIFICATIONS** |
| *List all your professional qualifications applicable to the role, with dates and grades. (Please note, original certificates will be required as proof).* |
| **Qualification** | **Learning Institution** | **Grade Achieved** | **Year Achieved** |
|  |  |  |  |
| **CURRENT/LAST EMPLOYMENT** |
| **Name of current / last employer** |  |
| **Address of current / last employer** |  |
| **Position held** |  |
| **Nature of contract** (*e.g., Permanent, Temporary or Fixed Term, Contractor or Self-Employed*) |  |
| **Start date** |  |
| **End date** |  |
| **Reason for leaving** |  |
| **Current monthly salary** |  |
| **Desired monthly salary** |  |
| **Any current additional benefits** |  |
| **Notice period** |  |
| **When would you be available to start work?** |  |

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| **PLEASE SUBMIT THIS COMPLETED FORM, TOGETHER WITH YOUR** **COVER LETTER AND CV TO** AAA.Careers@cwgc.org |

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*I declare the information provided above is, to the best of my knowledge, both accurate and true. Furthermore, I understand a false declaration resulting in my appointment will render me liable for dismissal.*

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**Signature**

Name: Signature: Date: