

THE SOCIETY OF  
RADIOGRAPHERS



## APPLICATION FORM

Position applied for : .....

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### Personal details

Surname ..... Forenames .....

Address .....

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..... Post code.....

Telephone: Private .....

Business .....

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**Do you own a vehicle?** YES/NO

**Current driving licence** YES/NO

**Current endorsements** (please give details)

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### How did you hear about this vacancy?

Synergy

Nursing Times

Therapy

SOR Council member

Other, please state

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**Education:**

<b>Secondary: Schools attended</b>	<b>Examination Results</b>
<b>Tertiary: College/University attended</b>	<b>Examination Results</b>

**Professional or other qualifications and training:**

Please state giving dates

**Interests/hobbies** (give details of pastimes, sports, etc)

**Public duties** (JP, local councillor etc):

**Have you ever been convicted of a criminal offence?** (Declaration subject to the Rehabilitation and Offenders Act):

**Do you require a work permit?**

Yes/No

**Previous employment** (Please include details of your employment history (beginning with the most recent))

Dates		Name and address of employer	Position held, brief description of duties, and reason for leaving
From	To		

**Give any other information or comments which may support application: for example, career development plans; past successes; what practical skills and knowledge you will bring to the post; examples of how you match the requirements in the person specification.**

**References:**

**Employer reference**

Name: .....

Address: .....

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Position held: .....

Telephone number: .....

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**Personal referees**

Name: .....

Name: .....

Address .....

Address .....

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Occupation .....

Occupation .....

Telephone no .....

Telephone no .....

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**May the references be sought now? YES/NO**

**Availability and interview arrangements:**

Dates when not available for interview:

When could you take up the post if appointed?

Do you have any special requirements which will assist you at interview? Please indicate the nature of any disability and the arrangements necessary.

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**Declaration:** I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Signature: ..... Date .....