Please complete in black ink or print.

Sensory Services by Sight for Surrey Rentwood, School Lane, Fetcham, Surrey, KT22 9JX



Application for Appointment as: Helpdesk Advisor

PERSONAL DETAIL	.S					
Surname:		First Name/s:			Title:	
Any former names have been known in		ou				
Address:						
Postcode:						
Contact Tel Nos.	Home:		Work:		Mobile:	
Email address:						
Do you require a permit to work in the UK?					NO	
If YES, please give details:						
In accordance with to documentary evidentare called for an inte	ce of entitle					
De veu beve envium	on ant arimin	al conviction	a nalias	VEC		NO
Do you have any unspent criminal convictions, police Cautions or any criminal case pending?					NO	
If YES, please give details.						
Depending on the ro Disclosure & Barring	ole you have g Service (DE	applied for, 3S).	you will b	e required to com	iplete a	n application to the
EDUCATION						

PRIVATE AND CONFIDE	NTIAL (When completed)
Secondary Schools, College, University etc. and o	jualifications gained (with dates)
Use a separate sheet if necessary	
·	
Professional Qualifications (please give brief deta	ils of qualification, institution where gained, dates
	ins of qualification, institution where gameu, dates
etc.	
TRAINING	
Please give brief details of any other training under	ertaken (use another sheet if necessary)
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EMPLOYMENT HISTORY (BOTH PAID AND VOLUN	TARY)
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Present Employment: Name and address: Position held: Salary Scale:	Date appointed:

PRIVATE AND CONFIDENTIAL (When completed)					
Brief outline of current responsibilities and job purpose:					
Please attach	a copy of your	CV or list here your p	revious appointmer	nts.	
		,			
				d in your present and previous	
posts and to explain its relevance to this appointment and give any other appropriate information to support your application (please use another sheet if necessary)					
The state of the second					
Do you hold a	a full, current d	riving licence?	YES	NO	
Do you have the use of a car?			YES	NO	
If NO, if appropriate for the role, please give details of how you will fulfil the role					
If NO, if appro	opriate for the r	ole, please give details	s of how you will ful	fil the role	
le there any fa	ct that you cons	ider Sight for Surrey s	hould be made awa	e of in relation to your potentia	
employment.	ct that you cons	ider digiti for duriey s	nould be made awar	e of infredation to your potentia	
- -	1	<u> </u>			
YES	NO	If Yes, please give de	tails below:		

PRIVATE AND CONFIDENTIAL Specific requirements for the interview process:	(When completed)
In compliance with the provisions of Section 60 of the lasked for a specific purpose to make arrangements for attend an interview (and provide equal opportunity to pe	any reasonable adjustments to enable you to
If you were short-listed for an interview would you havelchair access, presence of an interpreter (please sp	
Please let us know your preferred reading medium?	
Ordinary Print	
REFEREES Please provide names, addresses, contact numbers, emails from the state of the two references with the contact him/her. May we do so at this stage	rees, Sensory Services by Sight for Surrey
Name: Address: Email address: Contact telephone number:	Can we contact the referees without further reference to you?
Relationship (i.e. Last employer, colleague, friend etc.):	123.113
Name: Address: Email address:	Can we contact the referees without further reference to you?
Contact telephone number: Relationship (i.e. Last employer, colleague, friend etc.):	YES/NO
Where did you see this post advertised?	
DECLARATION	
I declare that the details given on this application form a are true and complete. I understand that deliberately give from consideration or, in the event of appointment, make	ing false statements would disqualify me

I consent to data contained on this application being processed in accordance with the Data Protection Act 2018. I have read and understood the enclosed GDPR Privacy Notice for applicants.

Signature:	Date: