

ANY OTHER INFORMATION YOU WISH TO ADD TO SUPPORT YOUR APPLICATION?

Blank lines for additional information.

In fulfilment of its obligations under the General Data Protection Regulations (EU [2016]) and the Data Protection Act 1998 the Employer will hold and use personal data for certain legitimate business reasons. In line with our policy of compliance, personal data will only be held for specified times or as deemed legitimate by the Company, after which the information will be securely destroyed from storage in every format. The Employer may, from time to time, share this data with professional services companies which it engages for advice in specific areas. All appointed advisors have made a statement of compliance in their

NAME \_\_\_\_\_

agreement with us, in that any personal information which they obtain will be destroyed in entirety once the legitimate business reasons or as defined in statute, have been fulfilled. Further information can be obtained from our Data Protection Policy, contained within our staff handbook.

SIGNATURE \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

I ACKNOWLEDGE AND CONFIRM THE INFORMATION GIVEN HERE IS ACCURATE, HONEST AND TRUE.

 **CAMELIA BOTNAR FOUNDATION**



Maplehurst Road, Cowfold, West Sussex, RH13 8DQ

Tel: 01403 864556 Email: enquiries@cameliabotnar.com

Office: Mon - Fri 9am - 5pm Registered Charity No 277275

Once your application has been received, if you fit the criteria, you will be contacted to attend an interview. Please make sure your contact details are accurate.



**CAMELIA BOTNAR FOUNDATION  
TRAINEE APPLICATION FORM**

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A BANK ACCOUNT?

AGE

DATE OF BIRTH

MALE/FEMALE

TELEPHONE NO. PLEASE GIVE CURRENT NUMBERS \_\_\_\_\_ MOBILE NO \_\_\_\_\_

NATIONAL INS NUMBER

PARENT/GUARDIAN NAME AND ADDRESS & CONTACT NUMBERS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIVING STATUS (Please tell us about who you are living with and where. To fit the criteria you need to have an alternative address where you can go weekends, holidays, if you are unwell, or if you are suspended. Please enter this address if it is different from the one you are using now)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any brothers/sisters?

EDUCATION (Please give details of any schools, colleges you have attended, the dates of attendance and any grades achieved.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### EMPLOYMENT HISTORY

DATE STARTED	NAME AND LOCATION OF COMPANY	DESCRIPTION OF JOB

### MEDICAL HISTORY

DO YOU HAVE ANY HEALTH ISSUES ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ARE YOU TAKING ANY MEDICATION ?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ALLERGIES TO FOOD OR MEDICINES ?	<input type="checkbox"/>	<input type="checkbox"/>	DO YOU HAVE ANY PHYSICAL DISABILITIES ?	<input type="checkbox"/>	<input type="checkbox"/>

PLEASE GIVE FULL DETAILS:

---

---

---

---

---

HAVE YOU HAD ANY INVOLVEMENT WITH SOCIAL SERVICES OR BEEN IN CARE?

---

---

---

DO YOU HAVE A SOCIAL WORKER/SUPPORT WORKER? PLEASE GIVE THEIR CONTACT DETAILS

---

---

---

DO YOU HAVE A CRIMINAL RECORD OR HAVE YOU BEEN INVOLVED WITH THE POLICE? IF SO PLEASE GIVE FULL DETAILS

---

---

---

---

---

WHAT ARE YOU LIKE AT GETTING UP IN THE MORNING?

---

---

IN YOUR OWN WORDS, WHAT DO YOU THINK THE FOUNDATION COULD DO FOR YOU ?

---

---

---

IN YOUR OWN WORDS, WHAT DO YOU THINK YOU COULD DO FOR THE FOUNDATION?

---

---

---

WHAT INTERESTS /HOBBIES DO YOU HAVE

---

---

---

---

---

---

WHICH DEPARTMENT WOULD YOU LIKE TO WORK IN?

	Yes	No
BUILDING MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>
SITE CARPENTRY	<input type="checkbox"/>	<input type="checkbox"/>
CATERING	<input type="checkbox"/>	<input type="checkbox"/>
ESTATE & GROUNDS MAINTENANCE	<input type="checkbox"/>	<input type="checkbox"/>
HORTICULTURE/LANDSCAPING	<input type="checkbox"/>	<input type="checkbox"/>
METALWORK	<input type="checkbox"/>	<input type="checkbox"/>
PAINTING AND DECORATING	<input type="checkbox"/>	<input type="checkbox"/>
MOTOR VEHICLES DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>

HAVE YOU EVER USED DRUGS? IF YES, WHEN WAS THE LAST TIME.

---

---

---

---

DO YOU UNDERSTAND THAT IF YOU ARE ACCEPTED YOU WILL BE GIVEN A DRUGS TEST AND IF THERE IS ANYTHING IN YOUR SYSTEM FROM THE PREVIOUS 28 DAYS IT WILL SHOW AS A FAILURE ?

---

---