

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

Blank lined area for additional information.

NAME _____

DATE OF APPLICATION _____

SIGNATURE _____

THE INFORMATION THAT I HAVE SUPPLIED TO THE BEST OF MY KNOWLEDGE IS 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"/>
POTTERY /STUDIO CERAMICS	<input type="checkbox"/>	<input type="checkbox"/>

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