

## **Application Form**

Please complete all sections appropriate to your application and if you feel it would be beneficial for your application, you may also provide a copy of your cv. Submit your application to the Training Manager via e-mail by Midday 28 January 2019 – training @petans.co.uk.

1. Personal Details:	
Name:	
Telephone number (Daytime):	
Telephone number (Mobile):	
Preferred email contact address:	
	this form by the close date you are applying for the ion within the Training Department.
details as to why you feel you have	otion and Person Specification provided and give full we the key competencies required by the role and why u are applying for. Your summary should be no more
4. Please advise of your previous to know in reviewing your applica	experience/achievements that would be useful for us ation (Max 500 words).
5. Do you consider yourself to ha	ive a disability?
	Yes 🗌 No 🗌
Please tell us if there are any 'rea your application or with our recru	sonable adjustments' we can make to assist you in litment process



## **Data Protection:**

Information from this application may be processed for purposes registered by Petans under the Data Protection Act 2018. Individuals have, on written request, the right of access to personal data held about them. By completing this form you are giving your consent to Petans processing the data supplied in this form for the purpose of selection. Petans will only keep records of your personal details for as long as it is relevant to do so.

Petans is an Equal Opportunity Employer.

## **Declaration**:

I declare that to the best of my knowledge the information in this form is complete and correct. I agree that deliberate omission, falsification or misrepresentation of information will be grounds for rejecting this application.

Printed Name:	
Date:	

Please ensure you return this form (and any supplementary documents) to Ian Richards via e-mail <a href="mailto:training@petans.co.uk">training@petans.co.uk</a> by Midday 28 January 2019