

THOMAS HERBERT ACADEMY APPLICATION FORM

PERSONAL DETAILS

FIRST NAME(S)	TITLE	LANDLINE NUMBER
SURNAME		MOBILE NUMBER
ADDRESS LINE 1		PREFERRED METHOD OF COMMUNICATION
ADDRESS LINE 2		EMAIL ADDRESS
ADDRESS LINE 3		EMERGENCY CONTACT NAME
POSTCODE		EMERGENCY CONTACT NUMBER

WHICH COURSE DO YOU WISH TO ATTEND?

DO YOU HAVE ANY ADDITIONAL LEARNING NEEDS?

WHAT IS YOUR GENDER? MALE FEMALE NON-BINARY PREFER NOT TO SAY

WHAT IS YOUR NATIONALITY?

MEDIA

WHERE DID YOU SEE THE ACADEMY ADVERTISED?

ACADEMIC AND PROFESSIONAL QUALIFICATIONS

PLEASE GIVE US DETAILS OF YOUR ACADEMIC AND PROFESSIONAL QUALIFICATIONS. THESE CAN INCLUDE DETAILS OF VOLUNTEER WORK.

ACADEMIC INSTITUTION ATTENDED	DATE ATTAINED	SUBJECTS (IF APPLICABLE)	QUALIFICATIONS / GRADE

I UNDERSTAND THAT, IF MY APPLICATION IS SUCCESSFUL, THE INFORMATION WILL BE USED TO COMPILE A PERSONAL FILE/RECORDS. THE INFORMATION WILL BE PROCESSED BOTH MANUALLY AND AUTOMATICALLY.

I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION DURING THE RECRUITMENT AND SELECTION PROCESS MAY DISQUALIFY ME FROM APPOINTMENT OR IF APPOINTED, MAY RENDER ME LIABLE TO DISMISSAL. I DECLARE THE INFORMATION I HAVE GIVEN IS TO THE BEST OF MY KNOWLEDGE, TRUE AND COMPLETE.

NAME

SIGNATURE

DATE

