

Academic Qualifications			
<i>Copies of all relevant transcripts must be attached with application</i>			
Dates (month/year)	Qualification/Award	Name of the institution	Subjects
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			

Employment Details / Other Experience			
<i>Give details of any professional or research experience relevant to your application. Continue on a separate sheet if necessary.</i>			
Employer	Titles & Duties	Dates	
		From	To
Reason for leaving:			
Reason for leaving:			
Reason for leaving:			

References

Please indicate two people who can provide references – one of whom should be your present/most recent employer if appropriate.

Name:	Name:
Address:	Address:
Tel:	Tel:
Fax:	Fax:
Email:	Email:

Please select if you don't want us to contact your references prior to the offer of employment being made.

How did you become aware of this vacancy?

Friend Publicity (adverts, fairs etc) Website Representative

Give brief details of the above source: _____

Next of kin details:

Name:
Address:
Tel:

Ethnicity:

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black: Of Caribbean Origin |
| <input type="checkbox"/> Asian: Of Indian Origin | <input type="checkbox"/> Black: Of African Origin |
| <input type="checkbox"/> Asian: Of Pakistani Origin | <input type="checkbox"/> Mixed: White and Black Caribbean |
| <input type="checkbox"/> Asian: Of Bangladeshi Origin | <input type="checkbox"/> Mixed: White and Black African |
| <input type="checkbox"/> Asian: Of Chinese Origin | <input type="checkbox"/> Mixed: White and Asian |
| <input type="checkbox"/> Asian: Of Other Origin | <input type="checkbox"/> Do not wish to answer |
| <input type="checkbox"/> Asian: Of East African Origin | <input type="checkbox"/> Other please specify: _____ |

Disability:

Please indicate below whether or not you will need any additional support or facilities.

- No known disability
- Mobility/Wheelchair user Blind/Partially sighted
- Deaf/Hearing Impairment Autism/Mental Health/Learning Difficulty
- Unseen Impairment e.g. Disease/epilepsy Dyslexia/Other impairment (Please specify)
- Speech Memory/Concentration
- Physical co-ordination Continence
- Ability to lift, carry or move everyday objects
- Perception of risk of physical danger
- Other, please specify _____

Declaration:

Carefully read the following statements and agreement before signing the application.

1. I certify that the information contained in this application is correct to the best of my knowledge and that any material misrepresentation(s) is grounds for dismissal from the employment of The Meridian College of London Limited or rejection of my application for employment.

2. I authorise my former employers and any other persons or organisations to provide any accurate and current information they have about my background and I release all concerned from any liability in connection therewith.

3. I understand that the first 3 months of employment will be considered a probationary period.

Signed: _____

Date: _____