

Internal Ref:

Millbay Road  
Plymouth  
PL1 3LF

# South West Ticketing Solutions Ltd

## PERSONAL DETAILS FORM (PRIVATE AND CONFIDENTIAL)

Job Title:		Closing Date:	
How did you hear about this vacancy?			
<b>Personal Details</b> This information is detached prior to your application being considered			
Title:	First Names:	Surname:	Preferred Name:
Address:		Postcode:	
Email Address:			
Telephone Numbers:	Daytime:	Mobile:	
Preferred Method of Contact: Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/> Other: <input type="checkbox"/>			
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of Birth:	
National Insurance No:			
Do you have the legal right to work in the UK? YES <input type="checkbox"/> NO <input type="checkbox"/>			
If 'Yes' and there are conditions attached, for example start and finish dates, please specify:			
If 'No', what type of permit do you require?			
<small>If the position you are applying for involves driving our company vehicle, please enclose a copy of your drivers licence as this will be used for insurance purposes.</small>			
<b>Disability Discrimination Act 1995</b>			
The Disability Discrimination Act defines a disability as a physical or mental impairment which has a substantial and long term adverse effect on your abilities to carry out normal day to day activities.			
Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please state the nature of the disability. Would you need any adjustments to be made to enable you to successfully perform this role?			
Do you need any assistance in attending an interview? If so, please give details:			
Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<small>(Declaration subject to the Rehabilitation of Offenders act 1974, enclosed)</small>			
<b>References</b>			
Employer Referee 1		Job Title	
Address		Postcode	
Email Address		Phone Number	
How long have you known the referee and in what capacity?			
Can we contact this person prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer Referee 2		Job Title	
Address		Postcode	
Email Address		Phone Number	
How long have you known the referee and in what capacity?			
Can we contact this person prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Employer Referee 3		Job Title	
Address		Postcode	
Email Address		Phone Number	
How long have you known the referee and in what capacity?			
Can we contact this person prior to interview? Yes <input type="checkbox"/> No <input type="checkbox"/>			

In accordance with the Data Protection Act 2018, the information provided on your application form will be used in the recruitment and selection process and may be disclosed to all those who need to see it. It will also form the basis of the confidential HR record of the successful candidate. In the case of unsuccessful candidates the Personal Information and Application Form will be destroyed after 3 months.

I hereby declare that to the best of my knowledge, all the information given by me is correct and that I possess all the qualifications I have listed on this form. I agree that South West Ticketing Solutions Limited has the right to validate any of the information provided.

I understand that any false statements could result in my dismissal if appointed.

Signature

Date

I have read and understand the job description and person specification in relation to the position applied for

Signature

Date

Do you consent to us keeping your application on file for up to 3 months? Yes  No

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### **APPLICATION FORM**

(PLEASE REFER TO OUR GUIDANCE NOTES BEFORE COMPLETING IN BLACK INK)

#### Employment History

Employer	Job Title	Start Date	End Date	Reason for leaving	Rate of pay

Please give details of your two most recent or relevant positions

<b>Employer 1</b>		Dates Employed	
Job Title		Notice period	
Summary of duties			
Reason for leaving/wishing to leave		Rate of pay on leaving	
<b>Employer 2</b>		Dates Employed	
Job Title		Notice period	
Summary of duties			
Reason for leaving/wishing to leave		Rate of pay on leaving	

#### Education, Technical and Professional Qualifications

Memberships of professional bodies/institutes/associations or relevant organisations



Supporting Statement continued

**Internal use only:**

Short listing: Matching abilities and skills to essential & desirable criteria

<b>Meets</b>	Please tick	Comments / Feedback
<b>A= All</b>		
<b>B = Most</b>		
<b>C = Some</b>		
<b>D = None</b>		

Invite to interview Yes No

Offer of employment Yes No

Start date (if applicable) \_\_\_\_\_ (Please where appropriate)

Salary £ \_\_\_\_\_ per Annum / Month / Week / Hour

CRB check required Yes No