

# The Landmark Trust

Shottesbrooke, Maidenhead, Berkshire SL6 3SW

Telephone: 01628 825920 Fax: 01628 825417

## Application Form

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### CONFIDENTIAL

Please return completed form by \_\_\_\_\_ to:

Mrs Sheila Wilkinson  
The Landmark Trust  
Shottesbrooke  
Maidenhead  
Berkshire SL6 3SW

Application for the position of:

Please insert job title

Please complete all sections in black ink.

Where did you see this post advertised? .....

### SECTION I

Surname

Forenames

Title by which you wish to be addressed

Mr/Ms/Mrs/Miss/etc.

Address

.....  
.....  
.....  
.....  
Postcode .....

Telephone Numbers

Private.....  
Business.....  
Mobile .....

Email .....

Nationality

Work Permit Required?

Yes/ No

## SECTION II EDUCATION

From/to Dates	Name of school	Results of examinations passed
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

### Further and Higher Education

From/to Dates	Name of college/university	Results of examinations passed
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

Further training and qualifications (training courses, certificates etc.) and professional membership (as applicable)

From/to Dates	Details of training/qualifications

If you are applying for a post which requires good shorthand, audio or keyboard skills (e.g. secretarial) please give an indication of your speeds and experience.

When were you last tested?

## SECTION III COMPUTER SKILLS (If relevant to your application)

What word processing or computer experience do you have (please name the software package(s) you have used and, if appropriate, what you achieved with them). How proficient are you?





# SECTION VI REFERENCES

Please give the names of two referees, one of whom should be your manager in your current or most recent position. Do not give members of your family, friends or subordinates. Other references may be drawn from previous employers, voluntary work, college or school. If you were known by a different name (e.g. maiden name before marriage), please state the name you were known by then.

Referee Name

Job Title

Company Name and Address  
.....  
.....  
.....  
Postcode.....

Daytime telephone number ..... Email address: .....  
Including STD code

May we contact this person before checking with you? Yes  No

Please state how you know them.

Number of years this referee has known you.

Referee Name

Job Title

Name and Address  
.....  
.....  
.....  
Postcode.....

Daytime Telephone No ..... Email address .....  
Including STD code

May we contact this person before checking with you? Yes  No

Please state how you know them.

Number of years this referee has known you.

## SECTION VII

Do you hold a full current car driving licence?

Yes

No

Please indicate the nature, if any, of any current endorsements.

### Rehabilitation of Offenders Act

Please give details of any convictions for a criminal offence, other than a spent conviction under the Rehabilitation of Offenders Act 1974/Rehabilitation of Offenders (Northern Ireland) Order 1978.

Please list any **foreign languages** spoken or understood, together with degree of proficiency in reading and speaking

Had you heard about the Landmark Trust before hearing of this vacancy, and if so, how and where?

I declare the above information to be complete and correct.

Signed

Date