



JOB APPLICATION FORM

Please complete this form accurately, giving us as many details as possible about your skills and experiences. We will then contact you in due course.

Please ensure the finished form is hand written and sent back to Debbie Stevens Wellbeing Events (address below).

Please complete the form in black ink and BLOCK CAPITALS.

APPLICANT'S DETAILS

| Title: | First Name: | Surname: |
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Home address:

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POST CODE:

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Telephone nos: Please include full STD code

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|-----------------------------------|
| Home: |
| Work: |
| Mobile (<i>where possible</i>): |

Email address (where possible):

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Website address:

| | | | |
|--|----------|---------------------------------|----------|
| Do you hold a current driving licence? | Yes / No | Do you have your own transport? | Yes / No |
|--|----------|---------------------------------|----------|

Date of Birth DD/MM/YYYY

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EMPLOYMENT / SELF EMPLOYMENT

Please start with your most recent employment. Briefly describe the main duties and responsibilities to your post. If you are self employed please state how long you have been registered.

Current/most recent employer/organisation

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|---|---|-------|-----|
| Name: | | | |
| Address: | | | |
| Job Title: | : | From: | To: |
| Brief description of duties: | | | |
| Reason for leaving/changing: | | | |
| How long have you been employed or registered as self-employed? | | | |

EDUCATION & QUALIFICATIONS

Please tell us about your education and any qualifications which you feel are relevant to the post. Include relevant courses which you are currently undertaking. Please start with the most recent.

| Name of college/ university/ training body | Subject studied | Qualification/ level | Date gained |
|---|------------------------|-----------------------------|--------------------|
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EXPERIENCE / SKILLS / PERSONAL STATEMENT

Please state what equipment you have: i.e. Couch, Manicure / Pedicure station, onsite Massage chair, Reflexology chair etc?

Tell us why you wish to work for Debbie Stevens Wellbeing Events?

What hours are you available to work: i.e. mornings, afternoons, evenings, weekends and when would be the best time to contact you?

How far would you be prepared to travel?

Do you have Public Liability Insurance?

Please list who the policy is with, policy number, expiry date and amount of cover.

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Where do you do your treatments, Home, Mobile Salon?

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REFERENCES

Please give name, address and position/occupation of two referees. One must be your present or most recent employer. References will only be taken up for successful candidates. Testimonials or references from friends and relatives are not acceptable.

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| 1. Name: |
| Position: |
| Organisation: |
| Address: |
| Tel: |
| Email: |
| Fax: |

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| 2. Name: |
| Position: |
| Organisation: |
| Address: |
| Tel: |
| Email: |
| Fax: |

Do you have any criminal convictions? Yes No

If yes please give details on a separate sheet, this should exclude any spent convictions under Section 4(2) of the Rehabilitation of Offenders Act 1974.

DECLARATION AND SIGNATURE

The information supplied in this application form is accurate to the best of my knowledge.

.....
Signed

.....
Date

By signing and returning this application form you consent to Debbie Stevens Wellbeing Events using and keeping information about you provided by you – or third parties such as referees – relating to your application or future employment.

Thank you for completing the form. Please return your completed form and return to the address below.

Post to:

Debbie Stevens
Wellbeing Events
11 Northfield Road Worthing
West Sussex
BN13 1QW