

**PART 1 - STATEMENT**

- I certify that, to the best of my knowledge, all the statements made below are true and accurate and, in particular, that I have not omitted any facts which may have a bearing on my application.
- I give explicit consent that the information given on this form may be retained in conjunction with my personal file if I am successful. I understand it is Diagrama policy to destroy personal files 5 years after an employee's leaving date. I further understand that vetting information will normally be destroyed 6 months after the end of employment of successful applicants and 6 months from the date of rejection of unsuccessful applicants.
- Diagrama may take steps to verify the information that I have provided by contacting referees and checking professional registers.
- I am aware that providing false information could result in my application being rejected or may lead to summary dismissal if I am selected for a position within Diagrama. If I am registered with any professional body Diagrama will inform them that I have provided false information on my application form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART 2 - PERSONAL DETAILS**

Position applied for:					
Title:		Forenames:		Surname:	
Current address:					
Postcode:					
Date from:					
Place of birth:		National Insurance Number:			
Telephone Contact No:		Email address:			

**PART 3 - PRESENT OR MOST RECENT EMPLOYER**

Present or most recent employer:			
Address:			
Postcode:			
Telephone:		Salary:	£
Position held:		Full time/part time:	
Date started:		Notice period/leaving date:	
Key responsibilities of post and main achievements:			
Reason for leaving:			

**PART 4 – FULL EMPLOYMENT HISTORY & REFERENCES (include any self employment, voluntary work, periods of training/education and account for gaps in employment history – please provide explanations for any employment gaps)**

Diagrama reserves the right to contact any previous employer to verify information regarding your employment to ensure the safeguarding of the people in our care.

<b>Name &amp; Address of Employer:</b>	<b>Start Date:</b>	<b>End Date:</b>	<b>Job Title &amp; Main Duties:</b>	<b>Reason for Leaving:</b>
Name: Address: Email:				
Name: Address: Email:				
Name: Address: Email:				
Name: Address: Email:				
Name: Address: Email:				

**PART 5 - MEMBERSHIP/REGISTRATION OF PROFESSIONAL BODIES**

<b>Professional Body</b>	<b>Registration No.</b>	<b>Conditions Affecting Registration</b>	<b>Year Gained</b>	<b>Expiry Date</b>

**PART 6 - EDUCATION**

Qualifications/Level	Subject	Grade	Year

**PART 7 – ADDITIONAL INFORMATION**

Please provide a written statement detailing your knowledge, skills and attitude in support of your application and why you want to work in this role:

Large empty text area for providing a written statement.