# CONFIDENTIAL

## **JOB APPLICATION FORM**

Type or write clearly using black ink. Please continue on a separate sheet if space is inadequate. Please return a completed copy of your application to [careers@provelio.com](mailto:careers@provelio.com) with APPLICATION written into the subject heading.

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| Post Applied for: |  |

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| Salary expectations: |  |

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| Personal Details |

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| Surname: |
| Forename(s): |

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| Address: |  | | |
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|  | | |
| City: |  | Post Code: |  |
| Main Contact Telephone Number: | | | |
| Alternative Contact Number(s): | | | |
| Contact Email address: | | | |

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| **Education / Technical / Professional Qualifications** |
| (Please name any institute or professional body in full, rather than using initials) |

**GCSE or Equivalent:**

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| **Where Attained** | **Subject/Qualifications** | **Year** | **Grade** |
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**AS/A Levels or Equivalent:**

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| **Where Attained** | **Subject/Qualifications** | **Year** | **Grade** |
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**Degrees or Equivalent:**

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| **Where Attained** | **Subject/Qualifications** | **Year** | **Grade** |
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**Professional Memberships or Equivalent:**

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| **Professional Body** | **Membership Type** | **Year Joined** | **Membership No.** |
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| **Details of Relevant Training Courses or qualifications (e.g. Prince 2 Practitioner)** | | | |
| **Courses Name** | **Grade** | **Year** |
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| **Previous Employment – starting from the most recent/your current employment** |

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| Name of Employer: | | | |
| Address: |  | | |
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|  | | |
| City: |  | Post Code: |  |
| Post held: | | | |
| From:       To:       Notice Period: | | | |
| Current Salary: £ Current Allowances: Pension £  Health £ | | | |
| Brief description of duties/responsibilities (500 words max): | | | |
| Reason for Leaving or Seeking to Leave: | | | |

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| **Other Previous Employment** |

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| Name of Employer: | | | |
| Address: |  | | |
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|  | | |
| City: |  | Post Code: |  |
| Post held: | | | |
| From:       To: | | | |
|  | | | |
| Brief description of duties/responsibilities (500 words max): | | | |
| Reason for Leaving: | | | |

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| Name of Employer: | | | |
| Address: |  | | |
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| City: |  | Post Code: |  |
| Post held: | | | |
| From:       To: | | | |
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| Brief description of duties/responsibilities (500 words max): | | | |
| Reason for Leaving: | | | |

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| Name of other employers and a brief description of your duties there: | |
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| **Competencies, skills, knowledge and experience** |
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| Please give an example of a time you have gone that extra mile to satisfy a client/customer with examples from your own experience where possible (100 words max) |
| Please demonstrate experience of managing others with examples from your own experience where possible  (100 words max) |
| Please demonstrate your experience in business development and or marketing and sales activities with examples  (100 words max) |

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| **References** |
| Please provide contact details of two referees, one of whom should be your current or most recent line manager or employer. If you have no or limited previous employment please provide referees from your school, college or training scheme or from any voluntary/temporary work. **Referees will only be approached if candidates are to be offered employment.** |

**Reference: 1**

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| Name: Job Title: | | | | | | |
| Name of Organisation: | | | | | | |
| Address: |  | | | | | |
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|  | | | | | |
| City: |  | | Post Code: | |  | |
| Contact Tel. Number: | |  | | Fax Number : | |  |
| Contact Email: | |  | | | | |

**Reference: 2**

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| --- | --- | --- | --- | --- | --- | --- |
| Name: Job Title: | | | | | | |
| Name of Organisation: | | | | | | |
| Address: |  | | | | | |
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| City: |  | | Post Code: | |  | |
| Contact Tel. Number: | |  | | Fax Number : | |  |
| Contact Email: | |  | | | | |

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| **Equal Opportunities Monitoring** | | | | | | | |
| Provelio is committed to equal opportunities and non-discriminatory policies and codes of practice. As part of this policy, all job applicants are requested to complete this form. This information will be used for monitoring purposes only and will not form part of the selection process. | | | | | | | |
| Post Applied for | | | | | | | |
| Date | | | | | | | |
| What is your nationality? | | | | | | | |
| How do you identify your ethnic group? (Please select and tick the box that applies from the list A – F below): | | | | | | | |
| **A** | **White** | | | | | |  |
|  |  | | | | | |  |
|  |  | | British | | | |  |
|  |  | |  | | | |  |
|  |  | | Irish | | | |  |
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|  |  | | Any other White background (please specify) | | | |  |
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|  |  | | |  | | |  |
| **B** | **Mixed** | | | | | |  |
|  |  | | | | | |  |
|  |  | | White and Black Caribbean | | | |  |
|  |  | |  | | | |  |
|  |  | | White and Black African | | | |  |
|  |  | |  | | | |  |
|  |  | | White and Asian | | | |  |
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|  |  | | Any other Mixed background (please specify) | | | |  |
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| **C** | **Asian or Asian British** | | | | | |  |
|  |  | | | | | |  |
|  |  | | Indian | | | |  |
|  |  | |  | | | |  |
|  |  | | Pakistani | | | |  |
|  |  | |  | | | |  |
|  |  | | Bangladeshi | | | |  |
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|  |  | | Any other Asian background (please specify) | | | |  |
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| **D** | **Black or Black British** | | | | |  | |
|  |  | | | | |  | |
|  |  | Caribbean | | | |  | |
|  |  |  | | | |  | |
|  |  | African | | | |  | |
|  |  |  | | | |  | |
|  |  | Any other Black background (please specify) | | | |  | |
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| **E** | **Chinese or other ethnic group** | | | | |  | |
|  |  | | | | |  | |
|  |  | Chinese | | | |  | |
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|  |  | Any other (please specify) | | | |  | |
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| **F** | **Arab or Middle Eastern descent** | | | | |  | |
|  |  | | | | |  | |
|  |  | Arab | | | |  | |
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|  |  | North African | | | |  | |
|  |  |  | | | |  | |
|  |  | Iraqi | | | |  | |
|  |  |  | | | |  | |
|  |  | Kurdish | | | |  | |
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|  |  | Any other Middle Eastern background (please specify) | | | |  | |
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| Please would you indicate your age group | | | | | 16 - 25 35 - 50    25 – 35 50 and over | | |
| Your gender, please specify: | | | | | | | |
| Do you consider yourself to be a disabled person? Yes  No | | | | | | | |

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| **Additional Information** |
| Do you have any unspent or pending criminal convictions? Yes  No |
| Do you hold a current full driving licence? Yes  No |
| If you consider yourself to be a disabled person, please provide details of any equipment, special arrangements or facilities you may require to attend and complete the interview process. |

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| **Declaration** | |
| I declare that to the best of my knowledge the information given in this application is correct. I understand that deliberate omissions and incorrect statements could lead to my application being rejected or to my dismissal. | |
| Signed\*: | Date: |
| \* If you are sending this form by email then you should note that, in the absence of the signature above, the emailing of this application constitutes your personal certification that the details are correct. | |