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| **VISITOR SERVICES APPLICATION FORM - ASSISTANTS**Please be advised that we cannot accept CVs as valid applications.Send your completed application by email to collinsaj@hevercastle.co.uk We regret that due to the high volume of applications we receive, we are unable to respond to every candidate. If you have not received further correspondence from us within 2 weeks after the closing date, please assume that your application has not been successful on this occasion. | Hever Castle LtdNr. EdenbridgeKentTN8 7NGwww.hevercastle.co.uk |

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| Personal details |
| Surname |  | Forename |  | Title |  |
| Street Address |  |
| Town |  | County |  | Postcode |  |
| Telephone |  | Mobile |  |
| Email |  |
| Position applied for | Visitor Experience AssistantRetail  |  |  |  |
| Days per week applied for |  |  | 3 [ ]  |  |  |  |
| How did you learn of this post? (if an advertisement please state which publication) |
| Are you eligible to work in the United Kingdom? | Yes [ ]  | No [ ]  | Do you hold a current driving license? | Yes [ ]  | No [ ]  |
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| Education  |
| School, college or university | Subjects | Qualifications obtained | Year |
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| PROFESSIONAL QUALIFICATIONS / vocation courses or QUALIFICATION |
| Company | Qualification awarded | Year |
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| Training and development  |
| Course title | Provider | Year |
|  |  |  |
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| employment history  |
| **Present or most recent employment** |
| Employer’s name and address |
| Position held | Dates |
| Reason for leaving | Hours per week |
| **Previous employment** |
| Employer’s name and address |
| Position held | Dates |
| Reason for leaving | Hours per week |
| Employer’s name and address |
| Position held | Dates |
| Reason for leaving | Hours per week |
| supporting statement  |
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| Equal OPPORTUNITIES  |
| Hever Castle Ltd is committed to the equal treatment of all employees and applicants and requires all employees to abide by and adhere to this general principle. Hever Castle’s policy is that no applicant or employee should receive less favorable treatment than others on grounds of gender, marital status or sexual orientation, disability, colour, race, or nationality.Please tick where appropriate. |
| **Gender** | Male [ ]  | Female [ ]  |
| **Ethnic origin**A [ ]  Asian or Asian British [ ]  Bangladeshi [ ]  Indian [ ]  Pakistani [ ]  Any other Asian background .......................B [ ]  Black or Black British [ ]  African [ ]  Caribbean [ ]  Any other Black background .......................C [ ]  Chinese or other ethnic group [ ]  Chinese [ ]  Any other .......................D [ ]  Mixed Heritage [ ]  White and Asian [ ]  White and Black African [ ]  White and Black Caribbean [ ]  Any other Mixed background ......................E [ ]  White [ ]  British [ ]  English [ ]  Irish [ ]  Scottish [ ]  Welsh [ ]  Any other White background ......................F [ ]  Prefer not to say |
| **Disabilities** | Do you consider yourself to have a disability or a long-term health condition? | Yes [ ]  | No [ ]  |
| What is the effect or impact of your disability or health condition? | Prefer not to say [ ]  |
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| **Convictions** | Do you have any criminal convictions? | Yes [ ]  | No [ ]  | Prefer not to say [ ]  |