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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](mailto: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 Ltd  Nr. Edenbridge  Kent  TN8 7NG  www.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 Assistant  Retail | | | | | |  | | | | | | | |  | | | | | |  | | | | |
| 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 | |
|  | | | | | | | |
| **Convictions** | Do you have any criminal convictions? | Yes | | No | Prefer not to say | | |