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Please return to:	V	FAO: J.Johnson@wakemans.com / J.McNally@wakemans.com  Wakemans Limited  11/12 Highfield Road, Edgbaston, BIRMINGHAM B15 3EB				1	Ref:	Trainee 2017	
Position applie	ed for: C	Quantity Surveyor Trainee							
PERSONAL D	ETAILS								
Surname:				Forenames:			Title:		
Address:									
Date of Birth (Optional):					Tel No:				
Do you have a Driving Licence		YES 🗌	NO 🗌	Dri	ving Groups:				
Expiry Date:				Do you have End	dorsements?				
EDUCATION I	HISTORY (	Continue or	back of page	if necessary)					
Schools / College / University:			Qualifications Gained (including Grades):						
EMPLOYMEN	IT HISTORY	(Continue	on back of pag	je if necessary)					
From / To: E	Employer:		Job Title and	Outline of Duties:		Rate of Pay:	Reason	for Leaving:	

Wakemans provide equal opportunities and are committed to the principle of equality regardless of race, colour, nationality, religion, ethnic or national origins, age, gender, marital status, sexual orientation or disability. We will apply employment policies which are fair, equitable and consistent with the skills and abilities of our employees and the needs of the business.

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EDUCATION HISTORY (Continued from previous page)						
Schools / College / University:		Qualifications Gained (including Grades):				
EMPLOYME	NT HISTORY (Continue	d from previous page)				
From / To:	Employer:	Job Title and Outline of Duties:	Rate of Pay:	Reason for Leaving:		

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REFERENCES Please provide names and addresses of two persons who can provide you with a character and work experience reference.					
1.	2.				
OTHER EMPLOYMENT Please note any other employment you intend to continue if you were successful in obtaining this position.					
LEISURE Please note here your leisure interests, sports and hobbies etc.					
CRIMINAL RECORD Please note any criminal convictions except those spent under the Rehabilitation of Offenders Act 1974.					
HEALTH DETAILS					
Are you registered as DISABLED?	YES NO				
If YES please give details and specify any special needs in relation to your disability:					
Please list any diseases, disorders, allergies, muscular or muscular skeletal injuries from which you have suffered or continue to suffer from:					
Please detail any form of medicine, drugs or treatment you are currently and / or regularly receiving:					
Please list all absences from work in the past year and the reasons for these absences:					
DECLARATION (Please read this carefully before signing this application)					
1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.					
2. I agree that the organisation reserves the right to require me to undergo a medical examination (Should we require further information and wish to contact your GP with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your GP.					
Signed:	Date:				

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Interview date:	Offer Letter: YES NO	Rejection Letter: YES NO			
Acceptance: YES NO	References: YES NO	Medical: YES NO			
Pass to Admin:		Dead File / New File			

NOTES: