ANY OTHER INFORMATION YOU WISH TO	ADD TO SUPPORT YOUR APPLICATION?
NAME	
with our policy of compliance, personal data will only be held for specif Employer may, from time to time, share this data with professional ser	lations (EU [2016]) and the Data Protection Act 1998 the Employer will hold and use personal data for certain legitimate business reasons. In line ified times or as deemed legitimate by the Company, after which the information will be securely destroyed from storage in every format. The rvices companies which it engages for advice in specific areas. All appointed advisors have made a statement of compliance in their agreement stroyed in entirety once the legitimate business reasons or as defined in statute, have been fulfilled. Further information can be obtained from
SIGNATURE	DATE OF APPLICATION

I ACKNOWLEDGE AND CONFIRM THE INFORMATION GIVEN HERE AND TRUE.

Safeguarding: The Camelia Botnar Foundation is committed to safeguarding and the welfare of all the people we work with. Any safeguarding concerns should be reported to the appropriate person. Details can be found in our Safeguarding policy in our Employee Handbook. If there are any concerns about one of our trainees or a member of our staff, this should be reported to the appropriate person.

S CAMELIA BOTNAR FOUNDATION



Maplehurst Road, Cowfold, West Sussex, RH13 8DQ

Tel: 01403 864556 Email: enquiries@cameliabotnar.com

Office: Mon - Fri 9am - 5pm Registered Charity No 277275

Once your application has been received, if you fit the criteria, you will be contacted to attend an interview. Please make sure your contact details are accurate.



CAMELIA BOTNAR FOUNDATION TRAINEE APPLICATION FORM

Do you have any brothers/sisters?	ULL NAME	
AGE DATE OF BIRTH MALE/FEMALE PARENT/GUARDIAN NAME AND ADDRESS & CONTACT NUMBERS IVING STATUS (Please tell us about who you are living with and where. To fit the criteria you need to have an alternative didress where you can go weekends, holidays, if you are unwell, or if you are suspended. Please enter this address if it is differnt from the one you are using now) Do you have any brothers/sisters?		
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	ent from the one you are using now)	
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	EMPLOYMENT H	IISTORY
DATE STARTED	NAME AND LOCATION OF COMPANY	DESCRIPTION OF JOB
	MAEDICAL LUCT	Opv
,	MEDICAL HISTO Yes No	YES NO
DO YOU HAVE	ANY HEALTH ISSUES ? ARE YOU	J TAKING ANY MEDICATION ?
ALLERGIES TO F	FOOD OR MEDICINES ? DO YOU	HAVE ANY PHYSICAL DISABILITIES ?
PLEASE GIVE FU	III DETAILS:	
PLEASE GIVE FU	JLL DETAILS:	
HAVE VOLUHAD	D ANY INVOLVEMENT WITH SOCIAL SERVICES OR BEEN II	N CARE?
HAVE TOO HAL	ANT INVOLVENIENT WITH SOCIAL SERVICES OR BEEN II	N CARE!
DO YOU HAVE	A SOCIAL WORKER/SUPPORT WORKER? PLEASE GIVE TH	HEIR CONTACT DETAILS
DO YOU HAVE	A CRIMINAL RECORD OR HAVE YOU BEEN INVOLVED WI	TH THE POLICE? IF SO PLEASE GIVE FULL DETAILS
		Ϋ́
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WHAT ARE YOU	J LIKE AT GETTING UP IN THE MORNING?	

YOUR OWN WORDS	, WHAT DO YOU THINK THE FOUNDATION COULD DO FO	R <u>YOU</u> ?	
YOUR OWN WORDS	, WHAT DO YOU THINK <u>YOU</u> COULD DO FOR THE FOUND	ATION?	
NHAT INTERESTS /I	HOBBIES DO YOU HAVE		
			=
WHICH DEPAR	TMENT WOULD YOU LIKE TO WORK IN?	Yes No	
	BUILDING MAINTENANCE		
	SITE CARPENTRY		
	CATERING		
	ESTATE & GROUNDS MAINTENANCE		
	HODTICH TURE / AND CCARING		
	HORTICULTURE/LANDSCAPING		
	METALWORK		
	PAINTING AND DECORATING		
			,
HAVE YOU EVER I	USED DRUGS? IF YES, WHEN WAS THE LAST TIME.		
IIAVE 100 EVEN C	SEE BROOS. II 125, WIER WAS THE EAST TIME.		
DO YOU UNDERSTA	AND THAT IF YOU ARE ACCEPTED YOU WILL BE GIVE	N A DRUGS TEST AND IF THERE IS ANYTHING I	N
YOUR SYSTEM FRO	M THE PREVIOUS 28 DAYS IT WILL SHOW AS A FA	ILURE ?	