Application Form for Associate CQA

**PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

|  |  |
| --- | --- |
| Surname:(Mr/Mrs/Ms/Miss) | Forenames: |
| Address: | Date of Birth: |
| Tel No. (Home): |
| E-mail address: |
|  |
| Tel No. (Business): |
| Mobile No: |
|  |  |

**EDUCATION & PROFESSIONAL QUALIFICATIONS**

**(ORIGINAL DOCUMENTS AS PROOF OF QUALIFICATION WILL BE REQUIRED AT INTERVIEW)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Colleges; University | Dates | Examinations taken | Date | Result |
|  | From | To |  |  |  |
| Professional qualifications currently held: how obtained, grade and date achieved |
| Other relevant educational or training courses, with dates achieved: |

**PRESENT EMPLOYMENT OR CONSULTANCY WORK**

|  |  |
| --- | --- |
| Title of post: | Business of employer: |
| Name & address of employer: | Datecommenced: |
| Date ended(if applicable) |
| Date ended(if applicable) |
| Please outline your responsibilities |

**PREVIOUS EMPLOYMENT INCLUDING CONSULTANCY WORK**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & address of employers & clients | Position held | Dates | Reason for leaving  |
|  |  | From | To |  |

**RELEVANT EXPERIENCE**

|  |
| --- |
| Please say why you are applying for this consultancy, outline aspects of your experience and give details of any particular achievements or distinctions which you consider relevant to this application. Please use a continuation sheet if necessary. |

**OTHER INFORMATION**

|  |  |
| --- | --- |
| Do you hold a current driving licence? YES/NO | Do you own a car? YES/NO |

**REFERENCES**

|  |
| --- |
| Names and addresses of two referees, one of whom should be your current or most recent employer or client: |
| Name:Role:Address: Tel No:Email Address: | Name:Role:Address: Tel No:Email Address: |
| Please indicate if we may contact them YES/NO |
| Please state maiden name if applicable: |

**DECLARATION**

|  |
| --- |
| I declare that the information given is true and correct and I give my consent to my referees being contacted.Signed …………………………………… Date ……………………..……Name ……………………………………… |
| Thank you for completing this application. Please return to:**RDB Star Rating Ltd****8 Tungsten Building****George Street****Fishersgate****West Sussex****BN41 1RA** |
| The General Data Protection Regulation Act 2018 and Data Protection Act 2018Under the terms of these acts the information provided on this form will be used for the purpose of recruitment and selection and personnel administration and no other purposes. |