

APPLICATION FORM

QWFC Ltd
Gorseland
North Rd
ABERYSTWYTH
SY23 2HE
info@wlbp.co.uk

The information provided on this application form will remain private and confidential and will only be used for the purpose of selection/recruitment or for subsequent employment administration if the application is successful. On completion, please return the form to the above address or by email by the 28th of March 2025 and mark **for the attention of Mr Iestyn Jones**. Thank you.

Application form for the post of Administrative Officer

PERSONAL DETAILS

Title (Mr/Mrs/Miss/Ms):		Surname/family name:	
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Forenames:	
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Address:	
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Postcode:		E-mail address	
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Daytime tel. no.:		Evening tel. no.:	
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(NB: If you do not wish to be contacted by telephone, please tick here)	
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HEALTH

Please give details of any health/disability problem(s) that may be relevant to the position specified above.

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Are you a Welsh speaker? – tick as appropriate	Yes	No
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If currently employed, how many days have you lost through illness during the last 12 months?	
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EDUCATION

(List details of GCSEs, GNVQs, A levels and Degrees, etc.)

Secondary school/ College/University/etc.	From – To	Qualifications obtained	Subjects	Grades

WORK-RELATED SKILLS

(Please detail all certificates, diplomas, etc. you have obtained that have been job related. Please specify when awarded, organising body, grades (if relevant) and the time it took to obtain the qualification.)

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OTHER SKILLS

Languages other than Welsh or English spoken/written (please indicate degree of competence)

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Computer literacy (specify the extent of knowledge of the main software packages such as Microsoft Word, Access, Excel and PowerPoint)

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Any other skills that may be relevant to the job for which you have applied

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PRESENT (LAST) EMPLOYMENT DETAILS	
Name and address of employer	
Nature of business:	
Your job title:	
Brief details as to the nature of your work. Include details of responsibilities (and achievements, if relevant).	
Full time/part time:	
Date joined company:	
Date appointed to present (last) job:	
Salary/wage (current or on leaving):	
Notice required:	
Date left, and reason (if applicable):	

PREVIOUS EMPLOYMENT				
Employer's name(s)	Your job title	Type of business	From – To	Reason for leaving

REFERENCES			
All appointments are subject to the receipt of satisfactory references. Please provide details of two appropriate referees to whom confidential enquiries may be made. One should preferably be your supervisor or his/her superior in your current or last job. Please do not supply names of referees who are related to you.			
Name:		Name:	
Position:		Position:	
Address:		Address:	
Contact tel. no.:		Contact tel. no.:	
Please indicate how these individuals know you and how they know about your work abilities, etc. (e.g. state whether they are your current supervisor, manager, etc.).			
1.		2.	
Please state whether we may approach these referees at any time or only after an offer of employment has been made: (tick as appropriate)			
At any time:		Only after offer:	
OTHER INFORMATION			
Do you have a current driving licence?		Yes	No
Have you any driving endorsements?		Yes	No
If yes, give details.			
Do you have a public duties commitment (e.g. are you a JP/councillor etc.)?		Yes	No
If yes, please give details.			
What are your hobbies/interests?			
MEMBERSHIP OF PROFESSIONAL BODIES			
Awarding body	Grade of membership	Date attained	

Please provide here any other information that may assist your application, including why you believe yourself to be suitable for this job.

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DECLARATION

I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any job offer is subject to satisfactory references and a probationary period and (if the company believes it appropriate) a satisfactory medical report.

Signed		Date	
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PLEASE RETURN THE FORM BY 28th March 2025