

*Cumbria Action for Sustainability*

Application for

Contractor – Energy Adviser

**This application form is designed to be completed in Microsoft Word.**

**The document is ‘unprotected’, allowing you to add rows to tables if necessary.**

**Please do not alter the formatting of the document in other ways!**

Please use this application form with covering letter.

|  |  |
| --- | --- |
| **SURNAME**  | **FULL FORENAMES** |
| **Business Name (if applicable):** |
| **Home/Business Address:**  |
| **Address for communications (if different):**  |
| **Tel. Numbers: Home:**  | **Work:**  |
| **Mobile:**  | **Email:** |
| **Are you a Sole Trader, Partnership, Private Limited Company, Public Limited Company or other (please specify)?** |  |
| **Date commenced trading** |  |
| **Date of registration?** |  |

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| --- |
| **Are you a licenced vehicle driver?**  |
| **Do you have access to a vehicle for business purposes?**  |
| **If no, please outline (in under 50 words) how you plan to travel independently throughout rural Cumbria.** |
|  |

**EDUCATION & QUALIFICATIONS**

Give details of Secondary Schools, Universities or other educational establishments attended along with any educational certificates, professional or other qualifications and training with the standard obtained.

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| **Name of Establishment** | **Level** | **Subject** | **Grade** | **Date** |
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If necessary, please add additional rows to the table above to enable you to add details of other establishments or qualifications.

**OTHER RELEVANT TRAINING**

Give details of any other education/training undertaken that you feel is relevant to your application.

|  |  |  |  |
| --- | --- | --- | --- |
| **Subject** | **Organisation** | **Level** | **Date** |
|  |  |  |  |
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If necessary, please add additional rows to the table above to enable you to add details of other relevant training.

**Registration / Certification**

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| --- | --- | --- |
| **Registration / Certification body** | **Registration / Certification Number** | **Date Registered** |
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If necessary, please add additional rows to the table above

**PARTICULARS OF RELEVANT EMPLOYMENT**

These should be in date order and there should be no gaps unaccounted for.

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| --- | --- | --- | --- | --- |
| **Name & full address of employer** | **Start date** | **End date** | **Position held & duties undertaken** | **Salary/ Grade** |
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If necessary, please add additional rows to the table above to enable you to add details of other employers.

|  |
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| **To assist us in our selection, please briefly outline the skills and abilities you can bring to this role including any special qualities that you feel might differentiate you from other candidates.** *Guidance note: When filling in this section, please identify how your experience and abilities relate to the essential/desirable qualities listed in the person specification. Please submit no more than 1 x A4 pages of typed information at font size 11).* |
|  |

**ADDITIONAL INFORMATION**

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| --- |
| **Give details of any other information which you consider relevant to your application. (Up to 1 x A4 page using Font Arial size 11)** |
|  |

**REFEREES**

Give the name, occupations and postal addresses of two responsible persons to whom you are not related and to whom reference can be made. One referee must be your present or most recent employer, or from a business contract (preferably a public authority or similar organisation).

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| --- | --- | --- |
| **1.** |  | **2.** |
| **Name:** |  | **Name:** |
| **Address:** |  | **Address:** |
|  |  |  |
|  |  |  |
| **E-mail:** |  | **E-Mail:** |
| **Phone No:** |  | **Phone No:** |
| **Relationship:**  |  | **Relationship:** |

All information contained in this form will be treated as **STRICTLY CONFIDENTIAL.**

I declare that the information contained in this form is to the best of my knowledge correct.

**Date:**

**Name:**

**Signature (if returning hard copy by post):**

**Please mark your email with the role you are applying for. Completed applications to be sent to** **rick.squires@cafs.org.uk**