Oral Ref Written Ref Sent Written Ref Received

## **Short Course Welfare/Pastoral Staff**

N/R
Date Received

	Please con	nplete this form and return	it to the address I	below		
Personal Information —		I=				
Family Name		First Name				
Address		Nationality				
		Date of Birth				
		Email Address				Photo
		Home Tel				
Post Code		Day Time Tel				
Country		Fax				
Position(s) applied for						
☐ House Warden (16+ 0	Courses)	Welfare/Admin (Jun	ior Courses)	Duty M	anager (1	16+ Courses)
Dates (Please tick the weeks in	n which you wo	uld be available for work)				
12 April 2003		19 April 2003				
21 June 2003		28 June 2003		5 July 2		
12 July 2003		19 July 2003		26 July		
2 August 2003		9 August 2003		16 Aug	ust 2003	
Qualifications -						
Qualification	Insti	tution(s) attended	From	То		Date of Award
Diagon tiple if you have the C. II	under aus lies sur					
Please tick if you have the follo	wing qualificati	UIIS:		☐ Driving	Licence	
				I <sub>D</sub> .		
ignature				Date	е	

Position/Employer		Address		From	То	Reason for Leaving
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eferees	on relevant to your ap		Name Position Capacity in			
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eferees			Name Position Capacity in		1	