

Candidate Application Form

ORIGINATOR:	REGISTRATION NO:
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Name

Address

.....

County

Post Code

Telephone No

Mobile

E-mail

Age D.O.B. Nationality N.I. No

Height Weight Dress Size

**PLEASE ATTACH A COPY OF THE
 PHOTOGRAPH PAGE OF YOUR
 PASSPORT HERE**

**YOUR REGISTRATION CAN NOT
 BE PROCESSED IF THIS IS
 NOT INCLUDED.**

WHAT STORES HAVE YOU WORKED IN? (Please tick)

- | | | | |
|------------------------------------|-------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Boots | <input type="checkbox"/> Debenhams | <input type="checkbox"/> House of Fraser | <input type="checkbox"/> John Lewis |
| <input type="checkbox"/> Superdrug | <input type="checkbox"/> Selfridges | <input type="checkbox"/> Harvey Nichols | <input type="checkbox"/> Fenwicks |

Others

WHAT PRODUCTS HAVE YOU SOLD? (Please tick)

- | | | | | |
|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Perfumes | <input type="checkbox"/> Cosmetics | <input type="checkbox"/> Skin Care | <input type="checkbox"/> Toiletries | <input type="checkbox"/> Food |
|-----------------------------------|------------------------------------|------------------------------------|-------------------------------------|-------------------------------|

Others

Relevant qualifications (eg Beauty, Hairdressing)

Do you have a food hygiene certificate? Yes / No (Please delete as appropriate)

WHAT OTHER AGENCIES HAVE YOU WORKED FOR?

1) 2) 3)

Are you a student? Yes / No University City

When do you leave?

