



MPA

**Business, HR Management and
Training Specialists**

Carrington Business Park,

Carrington, Manchester, M31 4ZU

Tel: 0161 776 4383

Fax: 0161 776 4384

Application Form

**Please complete in black ink
using block capitals and submit along with a
covering letter detailing your modules and grades to
date (if applicable)**

Position applying for: _____

Dates unavailable for interview: _____

Date available to commence work: _____

Surname: _____

Title: Mr/ Mrs/ Miss/ Ms
delete as appropriate

Forenames: _____

Date of Birth: _____

Nationality: _____

Term Time Address: _____

Home Address: _____

Postcode: _____

Postcode: _____

Telephone Number: _____

Telephone Number: _____

Date at this address: _____

Date at this address: _____

Contact Email Address: _____

Please state if you would prefer correspondence to go to only one address: Term / Home

Do you hold a full driving licence? Yes / No

Endorsements Yes / No

Details of endorsements: _____

Qualifications

University	Degree Title	<i>Overall Results to Date</i>	<i>Expected Final Result</i>

College	Subject	Level	Dates		Grade
			From	To	

School	Subject	Level	Dates		Grade
			From	To	

Employment History

Employer	Dates		Position	Description of Role
	From	To		

Why do you want to gain experience in Human Resources & Training/ Marketing?

Give an example of your organisational ability.

Describe a time you had to use influencing & interpersonal skills to persuade others, while you had limited authority.

Give details of any positions of responsibility you have held. What was your contribution and what did you get out of it?

Describe a time when you showed initiative & took action without being prompted.

Describe a time when you had to cope with a number of tasks. How did you manage your workload?

Briefly describe your extra-curricular activities. Discuss how this has aided your personal development & benefited you as a person.

Do you have a disability? Yes / No
delete as appropriate

If yes, please give details _____

Do you have any criminal conviction, which is not yet spent? Yes / No
delete as appropriate.

If yes, please give details on a separate sheet.

Referee 1.

Name: _____

Occupation: _____

Address: _____
(Business)

Post Code: _____

Tel No: _____

Referee 2.

Name: _____

Occupation: _____

Address: _____
(Business)

Post code: _____

Tel No: _____

Please read & sign below.

I declare that, to the best of my knowledge, the information on this form is correct, true and complete.

Signed: _____ Date: _____