



Application for Traineeship

Please either complete the form online or print out and complete the whole of the form in **BLOCK CAPITALS** in black ink, continuing on blank paper if there is insufficient room.

Name and address

Title: _____ Forename(s): _____ Telephone (home): _____
Surname: _____ Telephone (work): _____
Home address: _____ Telephone (mobile): _____

Email: _____
County: _____ Date of birth: _____
Postcode: _____ Country: _____

Interests and hobbies

Education

Schools (from age 11)

From/to Dates	Name of School	Examinations Taken and Results

Further Education

From/to Dates	Name of College/University	Examinations Taken and Results

Further Training and Qualifications (Training Courses, Certificates etc.)

From/to Dates	Details of Training/Qualifications

Professional Membership (as applicable)

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Employment history

Please provide details over the last ten years, including any unpaid or voluntary work, **listing present or most recent employer first**. Any gaps in employment dates should be explained. If you have any particularly relevant experience dating beyond the last ten years, please include this.

Current employment

Current salary and benefits or salary when last employed	Notice required

Previous employment

From/to Dates	Name and address of Previous Employers	Job Title and Main Duties	Reason for Leaving

Suitability

(Please state clearly why you are applying for this Traineeship and outline your relevant skills and experience.)

Health

(Please indicate if you have any past or present health problems which could affect your performance in this Traineeship.)

References

Please give two references, one of which should be your previous or most recent employer and one horticultural.
(Excluding members of your family).

Reference 1

Name:

May this Referee be contacted before interview?

Address:

*Yes *No *Please tick one

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Capacity in which Referee is known to you:

Town:

County:

Postcode: Country:

Telephone:

Email:

Reference 2

Name:

May this Referee be contacted before interview?

Address:

*Yes *No *Please tick one

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Capacity in which Referee is known to you:

Town:

County:

Postcode: Country:

Telephone:

Email:

Previous applications

Have you applied for the Professional Gardeners' Guild Traineeship before? *Yes *No *Please tick one

If Yes, give details below.

A. Driving licence

Do you hold a current driving licence? *Full *Provisional *No *Please tick one

Please indicate the nature, if any, of any current endorsements.

B. Criminal offences

Please give details of any convictions of a criminal offence other than a spent conviction under the Rehabilitation of Offenders Act 1974/Rehabilitation of Offenders (Northern Ireland) Order 1978.)

C. Applicants from outside the European Community

If you are not from the European Community, do you require a work permit to take up employment?

*Yes *No *Please tick one

If **yes** please give number: Expiry date:

Declaration

I declare the above information to be complete and true to the best of my knowledge. I have personally completed the Application Form. For online forms please click in the 'Signed' field and follow instructions to create your digital signature.

Signed: Date:

Send completed form to: (UK, Europe, Other Countries)

Sarah Wain (Traineeship PGG)

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