APPLICATION FORM

Please fill in all sections



1

Job: Histology/Pathology Technician (Veterinary) – Maternity Cover

Personal		BLOCK CAPITALS plea			
Surname:	First Nam	e:	Title:		
Address:	Telephone	e number:			
	Alternativ	e telephone number:			
Where did you hear about this vacancy?					
Current or most recent employment					
Employer's name and address:		Job title:			
Present basic salary:		Other benefits:			
Date appointed:		Date left employment (if	applicable):		
Reason for seeking other employment:		Notice period required:			

Previous employment history (list most recent first)						
Job title	Name and	Dates of employment		Reason for leaving		
	address of	From	То	_		
	employer					
_						
	Qualifications	(from secondary	school, list most re	cent first)		
School, College, Un	iversity	Examinations passed	d	Grade	Date achieved	
Membership of professional organisations						
Please give all details including current level of membership						

Job related training				
Please give all details including course title and dates				
Skills and other information				
Please give details of IT experience and software packages used:				
Additional information				
Are there any restrictions regarding your employment? YES/NO				
e.g do you require a Work Permit? If yes, please give details on a separate sheet.				
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Do you have any criminal convictions? YES/NO				
If Yes please give details on a separate sheet. This post is exempt from the Rehabilitation of Offenders Act 1974 and you are therefore required to declare all unspent <i>and</i> spent convictions.				
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Supporting information				
Please give the reasons for your application, indicating how you feel your experience, qualifications, personal qualities				
and interests meet the requirements of this post:				

References	
Please give the names and contact details of to relating to your experience and suitability for to employer, or academic principal if you are leave	this post. One must be your present or most recent
Referee 1	Referee 2
Name:	Name:
Job title:	Job title:
Address:	Address:
Telephone number:	Telephone number:
Email address:	Email address:
In what capacity do you know the referee?	In what capacity do you know the referee?
May we contact the referee before consulting you?	May we contact the referee before consulting you?
I certify that the information I have provided is false statements will disqualify my application.	both complete and accurate and I understand that
Signature:	
Print Name:	
Date:	
The completed application form should be retu	rned by email to: admin@izvg.co.uk
The closing date for receipt of applications is 5 to	o m (GMT) on Friday October 31 st 2025