

CONFIDENTIAL APPLICATION FORM



APPLICATION FOR THE POST OF:	TEIGNMOUTH HARBOUR COMMISSIONER
CLOSING DATE:	

PERSONAL DETAILS:	Ms, Miss, Mrs, Mr, Other_____ <i>Please delete as appropriate</i>
Surname or family name:	
Forenames:	
Marital Status:	
Address including Post Code	
Telephone Numbers:	Home Work Mobile
Email Address	

HEALTH Is there anything we need to know about your general state of health
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PROFESSIONAL QUALIFICATIONS

Date	Qualification

MEMBERSHIP OF PROFESSIONAL BODIES**PRESENT OR MOST RECENT APPOINTMENT**

Employer

Job Title

Please list key responsibilities and duties:

EMPLOYMENT HISTORY

Dates	Organisation/Role	Reason for leaving

RELEVANT EXPERIENCE AND OTHER SUPPORTING INFORMATION

Please state briefly why you wish to be a commissioner giving details of your knowledge, skills and experience, personal qualities and other relevant information, which relate to the requirements of this position. Please continue on additional A4 sheets if necessary.

REFERENCES Two are required.

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DECLARATION

I declare that all the foregoing details given in this application are true to the best of my knowledge

Signed:

Date:

Please return all completed applications to:

Teignmouth Harbour Commission
2ND Floor, ABP Port office
Old Quay Road
Teignmouth
TQ14 8ES

Tel: 01626 773165

e-mail: thc@teignmouthharbour.com

web: www.teignmouthharbour.com