



# Judge's Training Application Form

Please complete this form and return by email to:- [chair@floristryjudgesguild.co.uk](mailto:chair@floristryjudgesguild.co.uk)

Thank you for applying for the UK Floristry Judges Guild training programme. Your details will be treated with the strictest confidence. Please complete this form by email.

## Data Protection

By providing the information contained within this application form, you are consenting to its use for the purpose of processing your application, assessing your performance in the future (should your application be successful) and monitoring the efficiency of our recruitment. We reserve the right to validate all information entered on to this form.

## PERSONAL DETAILS

Surname

Mr/Mrs/Miss/Ms

(delete as applicable)

Forenames

Address

Postcode

Work Telephone

Home Telephone

Mobile Telephone

Email address



## **CURRENT/MOST RECENT EMPLOYMENT**

Job Title

Employer's Name

Employer's Address

Start Date

End Date (if applicable)

Brief outline of duties and responsibilities

## **PREVIOUS EMPLOYMENT**

Job Title

Employer's Name

Employer's Address

Start Date

End Date

Brief outline of duties and responsibilities

Reason for leaving



**PREVIOUS EMPLOYMENT**

Job Title

Employer's Name

Employer's Address

Start Date

End Date

Brief outline of duties and responsibilities

Reason for leaving

**SECONDARY AND FURTHER EDUCATION AND TRAINING**

School/College/University/Organisation	Dates Attended	Courses attended/Exams taken/Professional Qualifications/NVQs/Training Courses (include grades attained)



### **PROFESSIONAL FLORISTRY EXPERIENCE**

Please give details of your professional floristry experience that is relevant to the application

Time working as a professional florist      Years      Months



### **ADDITIONAL INFORMATION**

Please record any additional information that you feel would be useful in support of your application. Please include details of your competition experience as a competitor (what, when, location, level and final position). Please also tell us about your attendance at seminars or other floristry events and affiliations to industry organisations or companies.

### **SUMMARY**

Please write a short (200 word) summary explaining your reasons for applying for this training. Why you are seeking to become a UK Floristry Judges Guild judge and what you can bring to the organisation.



## HEALTH RECORD/CRIMINAL RECORD

Have you any medical condition which might affect your ability to carry out the responsibilities of a floristry judge?

Yes                      No (delete as applicable)

If yes, please give further information

Have you ever been convicted of any criminal offences which are not yet spent under the Rehabilitation of Offenders Act 1974?

Yes                      No (delete as applicable)

If yes, please give further information

Are you facing any criminal prosecutions?

Yes                      No (delete as applicable)

If yes, please give further information



## DECLARATION

I declare that the information contained in this form is true and complete. I understand that if it is then discovered that any statements are false or misleading I will be liable to have my application disqualified or subsequently will be liable to be removed from the UKFJG accreditation register.

Signed

Date

E&OE

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