



**APPLICATION FOR EMPLOYMENT**  
(JOURNALISM GRADUATE TRAINEE)

SURNAME \_\_\_\_\_ TITLE (Mr, Mrs, Miss, Ms etc.) \_\_\_\_\_

OTHER NAMES IN FULL \_\_\_\_\_

OTHER NAMES YOU ARE KNOWN BY \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER HOME \_\_\_\_\_ WORK \_\_\_\_\_

MOBILE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

TEMPORARY ADDRESS (Please indicate periods when this should be used) \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

<u>SEX</u>	<u>PLACE OF BIRTH</u>	<u>NATIONALITY AT BIRTH</u>	<u>OTHER NATIONALITIES</u>

THIS FORM SHOULD BE RETURNED TO MARTIN NIELSEN, SENIOR ASSISTANT MANAGING EDITOR, THE FINANCIAL TIMES, ONE SOUTHWARK BRIDGE, LONDON SE1 9HL, UK.

CLOSING DATE IS MAY 23,2011. PLEASE REMEMBER TO INCLUDE YOUR TESTS WITH YOUR APPLICATION

**PRIVATE AND CONFIDENTIAL**

## GENERAL EDUCATION

PLEASE GIVE DETAILS OF FULL-TIME SCHOOLING ONLY, FROM AGE 11 (WITH MOST RECENT AT THE TOP).  
UNIVERSITY EDUCATION, TECHNICAL COURSES, CORRESPONDENCE COURSES, ETC., GO IN THE NEXT SECTION

DATES		NAME OF SCHOOL	EXAMINATIONS TAKEN, SCHOLARSHIPS WON ETC, RESULTS AND GRADES
FROM	TO		

## UNIVERSITY, TECHNICAL, PROFESSIONAL, OCCUPATIONAL TRAINING

DATES		NAME OF COLLEGE, INSTITUTE, FIRM ETC.	SUBJECTS STUDIED	TYPE OF COURSE, EXAMINATIONS TAKEN, QUALIFICATIONS GAINED
FROM	TO			

**EMPLOYMENT AND WORK EXPERIENCE** (MOST RECENT AT THE TOP)

DATES		EMPLOYER'S NAME, ADDRESS AND TYPE OF BUSINESS	POSITION HELD, BRIEF DESCRIPTION OF DUTIES AND REASON FOR LEAVING
FROM	TO		

**LANGUAGES SPOKEN** (PLEASE SPECIFY LEVEL OF COMPETENCE)

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**LEISURE INTERESTS, ETC.**

## ADDITIONAL INFORMATION

USE THIS SECTION TO SET OUT WHY YOU HAVE APPLIED FOR THIS SCHEME AND INCLUDE ANY ADDITIONAL INFORMATION YOU WISH TO GIVE IN SUPPORT OF YOUR APPLICATION, I.E. SPECIAL ATTAINMENTS, ETC.

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## REFERENCES (PLEASE WRITE IN BLOCK LETTERS)

GIVE TWO REFERENCES. WHERE APPROPRIATE ONE SHOULD BE WORK RELATED. ONE SHOULD BE AN ACADEMIC REFERENCE. PLEASE MARK X AGAINST ANY PART THAT YOU DO NOT WANT TAKEN UP AT THIS STAGE. NOTE: ORIGINAL TESTIMONIALS MUST NOT BE FORWARDED.

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ TEL : \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ TEL : \_\_\_\_\_

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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE : \_\_\_\_\_

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