



## APPLICATION FOR CONSIDERATION AS A LOTTERY COLLECTOR

This form may be typed or hand printed in **black ink**.

After completion, please return it with a covering letter to  
**The Lottery Manager, Eden Valley Hospice, Durdar Road, Carlisle CA2 4SD**  
 All information given will be treated in the strictest confidence.

Where did you see the post advertised? .....

SURNAME (Block Letters)	FULL FORENAMES (Block Letters)
DATE OF BIRTH	TITLE (Dr/Mr/Mrs/Ms/Miss, or other)
Home Address	Address for Communications (if different)
Telephone No. Home: ..... Alternative Telephone No: .....	Your E-mail Address: .....
Do you hold a full current driving licence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have access to your own transport? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Please provide at least two referees, who can vouch for you, if possible one should be your present or last employer. References from personal friends or acquaintances will not be acceptable. NB Referees, for shortlisted candidates, may be approached prior to interview unless you tick the box.</b></p>	
Name <input type="checkbox"/> Job Title Company (if applicable) Address  Tel No:	Name <input type="checkbox"/> Job Title Company (if applicable) Address  Tel No:

Using the person specification as a guide, please give details of any experience or skills which you feel demonstrate your suitability for this role; this can include experience/skills gained in previous jobs or in other areas such as temporary work, voluntary work, or spare time activities. Attach additional sheets as necessary.

**Declaration**

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreements made. I understand that, in the event of being short listed for interview, I will be required to complete a confidential declaration in respect of my state of health. If accepted, this post is offered on a **Self Employed basis** and as such I will be responsible for the payment of any Income Tax and National Insurance Contributions due as a result of the commission I receive and under no circumstances make any claim against Eden Valley Hospice or any subsidiary companies regarding this employment status.

Signed: ..... Date: .....

All information contained on this form will be treated as **strictly confidential**, when used for recruitment. By supplying information, you will also be indicating your consent to the information being processed for all employment purposes as defined in the Data Protection Act 1998, and any verification checks which may be made.