

FRIEND APPLICATION FORM



Sheltered Work Opportunity Project

**Chestnut Nursery, 75 Kingland Road, Poole, BH15 1TN
01202 685999**

Caring for people, caring for plants

Title: _____ Date of Birth: _____

First Name: _____ Tel. No. _____

Last Name: _____ Mobile: _____

Address: _____ Email: _____

Post Code: _____

Work Experience:

Do you hold a valid current driving License: Yes / No

Details of any endorsements:

Skills you can offer:

Any disabilities or special considerations:

Days and times available:

Please give the names of two people who would be prepared to give you a reference:

Name: _____ Name: _____

Position: _____ Position: _____

Address: _____ Address: _____

Post Code: _____ Post Code: _____

Tel No: _____ Tel No: _____

Email: _____ Email: _____

Do you consent to a DBS check being undertaken YES/NO Please delete as appropriate

Signed: _____ Date: _____



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