



Confidential Application Form

Return Form by _ _ / _ _ / _ _

To: Recruitment Officer
Radio Wulfrun
New Cross Hospital
Wolverhampton
WV10 0QP
Telephone 01902 307807

Surname Mr/Mrs/Miss

Address

First Name

Telephone No Home
Work
E mail

Date of Birth

Age

Name and Address of Present Employer

Present Post

Do you have your own Transport?

Yes No

Are you prepared to help with fund raising activities? Yes No

Do you have any Broadcasting experience? If yes please give details

Please continue on a separate sheet

Why do wish to join Radio Wulfrun?

Please continue on a separate sheet

If your application is successful, what would you like to do at Radio Wulfrun?

Please continue on a separate sheet

Please give below further information in support of your application including hobbies and interests. Continue on a separate sheet if necessary.

Please provide name and addresses for two referees, one from present employer and one from friend.

Do you have any convictions? Spent or pending? (Please give details)

If your application is successful, continued membership of Radio Wulfrun will be confirmed following a three month probationary period.

Signature _____

Date _____