

## APPLICATION FORM



### Data Protection Act

Your personal data from this form will be stored electronically in accordance with the Data Protection Act 1984.

**Restricted – Staff** (When completed)

**Defence Evaluation and Research Agency**

Please complete this form and return it to:  
Graduate Recruitment, DERA Fraser, Eastney,  
Portsmouth, Hampshire PO4 9LJ.  
Or e-mail to: Grad-Recruit@dera.gov.uk

You may submit a Curriculum Vitae with your application, but please complete this form in full.

As we operate a continuous recruitment scheme, application forms will be accepted throughout the year.

### FOR OFFICIAL USE ONLY

Applicant No.

Received

Acknowledged

**G**

### PERSONAL DETAILS (Block capitals please)

Surname: _____		Title: _____	
Forenames (in full): _____		Date of Birth: _____	
Permanent Address: _____		Address for correspondence (if different): _____	
Postcode: _____		Postcode: _____	
Tel No: _____		Tel No: _____ Dates this address is applicable: _____	

### NATIONALITY AND RESIDENCY

What is your nationality? (If dual, please state both)	Have you been a resident in the UK for the last five years? +YES/NO
If 'NO', please give details	

### INDICATION OF LOCATIONS & TECHNICAL AREAS PREFERRED

<b>Location</b> From the information provided in the brochure, please enter here any preferences you have to work in particular locations:
<b>Technical Area</b> Similarly, please enter here any preferences you have to work in particular technical areas:

**RESTRICTED - STAFF**

(When completed)

**ACADEMIC & PROFESSIONAL QUALIFICATIONS****Higher/Further Education**

Degree subject:

Full Degree Title  
(BSc (Hons), BEng, etc.):

Dates of Studies

Date  
+Awarded/ExpectedResult  
+Obtained/expected  
(Grade/Class/Div)

Are you a sponsored Student?

Yes

No

From

To

If so, by whom:

Name of Academic Establishment:

Please complete this table in full

First Year Subjects

Second Year Subjects

Third Year Subjects

Fourth Year Subjects

Final year project title:

**Post-Graduate Qualifications**Dates of Studies  
From ToType of  
QualificationFull Title of  
Qualification &  
Subjects StudiedResult  
+Obtained/Expected  
(Grade/Class/Div)Name of Academic  
Establishment**HNC, HND, ONC, OND, A-levels, Scottish Highers & equivalents**Dates of Studies  
From ToType/Level of  
Qualification

Subject

Result  
+Obtained/Expected  
(Grade)Name of  
School/Academic  
Establishment**Professional Qualifications**

Institution

Class of membership

Date Achieved

Membership Number

+ Please delete as necessary

Continue on a separate sheet if necessary. Please put your full name on any additional sheets.

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(When completed)

Please give details of full-time and part-time work, and any periods of unemployment.

## ACTIVITIES AND INTERESTS

Continue on a separate sheet if necessary. Please put your full name on any additional sheets.

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(When completed)

### CAREER AIMS/OTHER EXPERIENCE

Please describe the main reasons behind your application to DERA and how you think we can meet your aspirations:

Please give details of any other qualifications you have obtained, or training you have had, which are relevant to your application. Include level of proficiency in computer/foreign languages:

### DISABILITY

Do you consider yourself to have a disability? +YES/NO If 'YES', do you have any related skills (eg the ability to lip read)?

Under the commitments of the 'Positive about Disabled People' scheme, any disabled applicants who meet the minimum criteria for posts available can claim a guaranteed interview. Do you wish to claim a guaranteed interview? +YES/NO

Please give details of any special arrangements you require at interview:

### REFEREES

Please give the names and addresses of two referees who have known you for at least three years, and who are not relatives or your current employer.

Name:

Address:

Postcode:

Tel No:

Name:

Address:

Postcode:

Tel No:

If you graduated within the last three years please give details of your academic tutor.

Name:

Address:

Postcode:

Tel No:

### AVAILABILITY FOR INTERVIEW & APPOINTMENT

Please give any dates when you are NOT available for interview. We cannot undertake to avoid these dates, but will try to do so:

If appointed, when could you take up duty?

### YOU MUST SIGN AND DATE THIS FORM

I declare that the information on this form is, to the best of my knowledge correct, true and complete.

Signed:

Date:

+ Please delete as necessary

Continue on a separate sheet if necessary. Please put your full name on any additional sheets.

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