



IONA

PUB PARTNERSHIP



SINCE 2005

APPLICATION FORM

Great People Run Great Pubs

This application form must be fully completed. A CV will only be accepted in support of your application.

SECTION 1: Personal Information

Fields marked with a (*) denote mandatory fields and must be completed.

Your Details

Title: _____* Forenames: _____* Surname: _____*

Address: _____*

Town: _____* Postcode: _____*

Tel. Home: _____* Tel. Work: _____* Mobile: _____*

Date of Birth: _____* National Insurance No.: _____*

Email Address: _____*

Your Partner's Details

Title: _____ Forenames: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel. Home: _____ Tel. Work: _____ Mobile: _____

Date of Birth: _____ National Insurance No.: _____

Email Address: _____ Relationship To You: _____

SECTION 2: Qualifications

Tennent's Training Academy offer expert training packages for all prospective Iona Pub Partnership tenants whether you are experienced or new to the industry. In order to determine your development needs, please tell us whether you or your partner hold any of the following qualifications:

	<i>Date You Achieved</i>	<i>Date Your Partner Achieved</i>
BII-NCPLH:	_____	_____
Personal License:	_____	_____
Basic Food Hygiene Certificate:	_____	_____

If you currently hold your personal license, please provide us with the following details:

You

Personal License Number:

Local Authority:

Your Partner

Personal License Number:

Local Authority:

If you have any other trade specific qualifications or training, please list them below:

Date:	Your Qualifications	Date:	Your Partner's Qualifications
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 3: Experience

Current Employment

Please give us information on your current or most recent employment here.

Your Details

Dates (from - to)

Company:

Position:

Duties:

Your Partner's Details

Dates (from - to)

Company:

Position:

Duties:

Employment History

Please give us information on your current or most recent employment here.

Your Details

Dates (from - to)

Company:

Position Held/Duties:

Your Partner's Details

Dates (from - to)

Company:

Position Held/Duties:

SECTION 3: Continued

Relevant Trade Experience

In order for us to gain a better understanding of what training you may benefit from, please tick the following boxes that best describe your combined experience in the following elements of the business.

Bar

	None	Basic	Good	Great
Cellar - What is your level of experience in cellar management, including gas mix, line cleaning, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cask Ales - What is your knowledge of cask ales, with regards to care, handling and dispense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General - What is your experience of bar management including the perfect pour, stock management, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Kitchen

	None	Basic	Good	Great
Chef Skills - How much kitchen experience do you have in terms of preparing food in a controlled environment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health & Safety - How much do you know about potential food hazards and best hygiene practises in the kitchen?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Profit Skills - How much knowledge do you have about cost prices and turning portion sizes into profit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Business Minded

	None	Basic	Good	Great
Conflict Management - Have you had any experience of difficult situations with staff or customers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Law and Good Practise - How much knowledge do you have on rights, discrimination and other legislations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing - How much do you know about advertising your business in terms of visual merchandising or processes designed to help boost sales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other relevant experience, please give details in the box below:

SECTION 4: Pub Type & Area

Type of Pub

In order of preference (1 being your most preferred choice), please tick the boxes for the type of business you would feel most comfortable running.

	1st	2nd	3rd	4th
Community - Pubs situated in residential areas or village pubs used by locals and passing trade - may have a small focus on food but mainly wet led.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional - Local pubs situated within walking distance for the high proportion of regular trade, usually with pub games and entertainment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit - Often a young person's venue and found in nightlife hotspots, usually a wet led venue with a lunchtime food offering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Destination - With a reputation for atmosphere - a drive to destination pub with a major food offering, often with beers gardens and tourist trade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Level of Food Offering

Please tick the boxes, from 1-5, to show your preferences for the level of catering you would feel most comfortable with.

	1st	2nd	3rd	4th	5th
Restaurant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traditional Bar Meals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Snacks Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speciality Cuisine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Catering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which Area?

Please specify your choice of area, from 1st choice to 4th choice of where you would like to run a business.

	1st	2nd	3rd	4th
North - Highlands, Grampian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
South - Ayrshire, Borders, Dumfries & Galloway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
East - Lothian, Fife, Tayside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
West - Strathclyde, Central, Argyll & Bute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific Pub & Area

If you are applying for a specific pub vacancy or a specific area, please state below:

SECTION 5: Capital Funds Available

Investment

Depending on the type of pub you are investing in, a certain amount of capital investment is required to take on the business. This will include costs for your deposit, working capital and fixtures and fittings. Proof of this funding will need to be given at the initial interview stage.

Level of Food Offering

Immediate (Bank, Building Society, etc)	£ _____
Loan	£ _____
Asset Sale (Property, Shares, etc)	£ _____
Other - Please specify	£ _____
Total	£ _____

When will the funds be available?

Credit History

Please note that a credit check will be carried out as part of the selection process, please answer as accurately and truthfully as possible

	YES	NO
Have you or your partner ever had bankruptcy or insolvency proceedings taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
If made bankrupt, have you been discharged?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your partner ever had County Court Judgement taken against you?	<input type="checkbox"/>	<input type="checkbox"/>
Have you or your partner ever been convicted of any criminal offense?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'YES' to any of the above questions, please give details in the box below:

SECTION 6: References

Please give the details of two references, one of which **MUST** be your current or most recent employer.

Current or Most Recent Employer

Title: _____ Forenames: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel. Home: _____ Tel. Work: _____ Mobile: _____

Relationship To You: _____

Second Reference

Title: _____ Forenames: _____ Surname: _____

Address: _____

Town: _____ Postcode: _____

Tel. Home: _____ Tel. Work: _____ Mobile: _____

Relationship To You: _____

Can these references be contacted on receipt of application? **YES** **NO**

SECTION 7: Declaration

Equal Opportunity

Iona Pub Partnership are committed to equal opportunity for all employees, both current and potential, irrespective of ethnic or cultural background, colour, gender, marital status, disability or age; to ensure that any unfair or unlawful discrimination does not occur.

Data Protection

In considering your application, Iona Pub Partnership may process information about you, supplied by you, as part of your application, before, during and after your application is considered.

If you consent please ensure you tick the box:

Verification of Information

I certify that all information which I and my partner have provided is true and correct. I understand that any false information given may result in the application being void.

Date: Your Signature Date: Your Signature

