**Application Form**

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| Job Title/Reference: |  |

*Please refer to the accompanying job description and person specification before completing this form.   
Please write clearly in black ink or type.*

1. **PERSONAL DETAILS (BLOCK CAPITALS PLEASE)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | Forename: |  |
| Title: | |  | | | National Insurance No: |  |
| Address: | | | | | Tel No (home): |  |
|  |
|  | | | | | Tel No (mobile): |  |
|  |
| E-Mail address: | | |  | | | |
| Nationality: |  | | | If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit. | | |
| Do you need a work permit to be employed in the UK? | | | Yes  No | If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post.) | | |
| Where did you learn of the position? | | | |  | | |

1. **EDUCATION AND PROFESSIONAL QUALIFICATIONS**

(We may ask to see original documents should you be shortlisted to interview stage)

|  |  |  |
| --- | --- | --- |
| Secondary School / College / University | Examinations taken | Result and Date Obtained |
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| --- |
| Professional Qualifications currently held: how obtained and grade: |

|  |
| --- |
| Other relevant Educational or Training Courses: |

1. **CURRENT EMPLOYMENT**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Title of Role: |  | | | Salary/Grade: | |  |
| Name of Employer: |  | | | | | |
| Address: | | | | Date Commenced: | |  |
| Date Ended (if applicable): | |  |
|  | | | |  | |  |
|  | |  | |  | |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | | | |
| Reason for leaving or wishing to leave: | | |  | | | |
| Period of notice required to terminate present employment: | | | | |  | |

1. **PREVIOUS EMPLOYMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Position(s) held | Date Commenced and Date Ended: | Reason for leaving | Final grade/ salary |
|  |  |  |  |  |
| Description of duties: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Position(s) held | Date Commenced and Date Ended: | Reason for leaving | Final grade/ salary |
|  |  |  |  |  |
| Description of duties: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Position(s) held | Date Commenced and Date Ended: | Reason for leaving | Final grade/ salary |
|  |  |  |  |  |
| Description of duties: | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address of Employer | Position(s) held | Date Commenced and Date Ended: | Reason for leaving | Final grade/ salary |
|  |  |  |  |  |
| Description of duties: | | | | |

1. **RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB**

You should include here how your skills/ knowledge and experience meet the requirements of the Person Specification.

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1. **OTHER INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you hold a current driving licence? | Yes  No | | Do you have access to a car? | Yes  No |
| Please give dates on which you will NOT be available for interview: | | | | |
| Please state the number of days you have been absent due to sickness in the last 12 months: | |  | | |
| How many episodes of absence does this represent? | |  | | |
| Is this your usual level of sickness? | |  | | |
| If selected for interview, do you require any special arrangements to be made on account of a disability? | | Yes  No | | |
| If yes, please give brief details of the effects of your disability on your day-to-day activities, and any other information that you feel would help us to accommodate your needs during your interview and fulfill our obligations under the Equality Act 2010: | | | | |

**Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**

|  |  |
| --- | --- |
| Have you any convictions that are not spent under Rehabilitation of Offenders Act? | Yes  No |
| If Yes, please provide further details: (Spent convictions do not have to be declared) | |

**Safeguarding**

|  |  |  |
| --- | --- | --- |
| Have you ever been known to any Children’s Services department or Police, as being a risk or potential risk to children? | Yes/No | Details: |
|  |
| Have you been the subject of any disciplinary investigation and/or sanction by any organisation due to concerns about your behaviour towards children? | Yes/No |  |
|  |

1. **REFERENCES**

**Referee 1 (Must be your last employer) Referee 2**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title (Mr., Mrs. etc): |  | | | Title (Mr. Mrs. etc): |  | | |
| Full Name: |  | | | Full Name: |  | | |
| Job Title: |  | | | Job Title: |  | | |
| Organisation: |  | | | Organisation: |  | | |
| Address: | | | | Address: | | | |
|  | | | |  | | | |
|  | |  | |  | |  | |
| Tel No: |  | | | Tel No: |  | | |
| E-mail address: |  | | | E-mail address: |  | | |
| Relationship: |  | | | Relationship: |  | | |
| Please state if we may obtain this reference prior to interview. | | | Yes  No | Please state if we may obtain this reference prior to interview. | | | Yes  No |

1. **DECLARATION**

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

Should I be successful in my application and the job role secured requires a Disclosure and Barring Service check, I consent to a copy of the DBS check to be kept on my personal file for the duration of my employment.

|  |  |
| --- | --- |
| **Name** |  |
| **Signature** |  |
| **Date** |  |

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the Data Protection Act 1998 and will be processed solely in connection with recruitment.

All unsuccessful applications will be destroyed twelve months after the closing date.