|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: |  | **Post Number:** |  |

|  |
| --- |
| Job Application Form |

|  |  |  |  |
| --- | --- | --- | --- |
| Closing Date: |  | **Interview Date:** |  |

|  |
| --- |
| It is important that you read the guidance notes before completing this application form. Please complete this form fully using **black ink or type**. C.V.s are not accepted on their own. Applications received after the closing date will not normally be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | **First Name:** |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

 Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |  |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |  |

|  |  |
| --- | --- |
| **E-mail address:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job Share DetailsAre you applying on a job share basis? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving Licence – if relevant to post applied for.**Do you hold a full, clean driving license valid in the UK? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.** |

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Postcode: |  |

|  |  |
| --- | --- |
| Post Title: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |  | **Salary:** |  |

|  |  |
| --- | --- |
| Department / Section: |  |

|  |
| --- |
| **Brief description of duties:** |
|  |
| Continue on a separate sheet if necessary |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |  | **Last day of service**(if no longer employed)**:** |  |

|  |  |
| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Did you receive any redundancy payment or retirement benefit? | Yes | [ ]  | No | [ ]  |
| Section 3 Previous Employment |
| **Previous Employment** (most recent employer first).  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  |

|  |
| --- |
| Section 3 Previous Employment continued |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |
|  |

|  |  |
| --- | --- |
| Name of Employer: |  |

|  |  |
| --- | --- |
| Address: |  |
|  |  |
|  |  | Postcode |  |

|  |  |
| --- | --- |
| Position Held: |  |

|  |
| --- |
| **Summary of duties:** |
|  |

|  |  |
| --- | --- |
| **Reason for leaving:** |  |

|  |
| --- |
| Section 4 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |
| --- | --- | --- |
| **College or University**  | **Course** | **Qualifications and grades obtained** |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |

|  |
| --- |
| Section 4 Education continued |
| Professional, Technical or Management Qualifications |
| Please give details: |

|  |  |
| --- | --- |
| **Professional / Technical /****Management Qualifications** | **Course Details** |
|  |  |
| **Membership of any Professional / Technical Associations - Please state level of Membership:** |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 5 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses. |

|  |  |
| --- | --- |
|  | Duration of Course |
|  |  |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 6 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|  |

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| --- |
| **Section 7 Rehabilitation of Offenders Act (1974)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|  |

|  |
| --- |
| **Section 8 Protecting Children and Vulnerable Adults** |

|  |
| --- |
| The following information may be required if the post you are applying for has a requirement for a DBS/CRB police check.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enhanced Checks Only** Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 9 Disability Discrimination Act** |

|  |
| --- |
| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|  |

|  |
| --- |
| **Section 10 Health** |

|  |
| --- |
| Your current health is important to us, please indicate below. |

|  |  |
| --- | --- |
| Number of days sickness absence in the last 2 years: |  |

|  |  |
| --- | --- |
| Please state number of occasions in the last 2 years: |  |

|  |
| --- |
| **Section 11 References** |

|  |
| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | **Name:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Position: |  | **Position:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |  | **Work Relationship:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |  | **Organisation:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | **Address:** |  |
|  |  |  |  |
|  |  |  |   |
|  |  |  |  |
|  | Postcode |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |  | **Telephone No:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |  | **E-mail:** |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 13 Declaration** |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |