

**Application Form**

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| Personal Details: | |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Tel:** |  |
| **Email:** |  |

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| Present: Employer | |
| **Employer’s Name:** |  |
| **Address:** |  |
| **Job Title** |  |
| **Date Appointed** |  |
| **Present Salary:** |  |
| **Length of Notice Required:** |  |
| **Brief Description of Duties:** | |

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| Previous Employment: | | | | |
| **Employer**  **Name** | **Job**  **Title** | **Start**  **Date** | **Finish**  **Date** | **Reason for leaving** |
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| Education and Qualifications: | | | |
| **School Attended** | **Start**  **Date** | **Finish**  **Date** | **Qualifications Gained** |
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| College(s) / University attended: | | | | |
| **College/University Attended** | **Start**  **Date** | **Finish**  **Date** | **Subject Studied** | **Qualifications gained** |
|  |  |  |  |  |
|  |  |  |  |  |
| **List any other qualifications, details and dates:** | | | | |

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| **Why are you applying for this post?**  **Please indicate what experience and qualities you have which would benefit the project.** |
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| **Please give a personal statement in support of your application:** |
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| Health | |
| **Are you in good health?** |  |
| **Have you had any illness or accidents in the last 2 years?** |  |
| **If yes, please give details along with length of periods of absence from work:** |  |
| **Are you registered disabled?** |  |
|  |  |
| **Do you hold current driving license?** |  |
| **Due to the nature of our work we are obliged to ask all potential workers and volunteers to complete a PVG form:** | |
| **If you have a criminal conviction can you please indicate here:** |  |

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| **References:**  ***2 references are required, one of who should a current or previous employer:*** | |
| **Referee 1** | **Referee 2** |

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| **Declaration** | |
| **I understand that these questions must be answered truthfully and to the best of my knowledge. Failure to do so may result in my application being rejected or the termination of my employment if I am appointed to the post.** | |
| **Signature:** |  |
| **Date:** |  |