Application Form

**IN CONFIDENCE:**

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| Application for the post of:  |

**Personal Details:**

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| --- | --- | --- |
| Surname: Previous names/Other names known by:DOB:Email Address:  | Forenames: Place of birth: | Title: Mr/Mrs/Miss/Ms/Mx/OtherNational Insurance No.  |
| Address:Postcode: | How long resident at this address: |  Years: Months: |
| Home Telephone No: |  | Mobile Telephone No: |
| Registered on Electoral Role at this Address: | Yes/No |  |
| List other addresses at which you have lived over the past five years. Give dates: |  | Indicate if you were on the electoral role at each address |
| Date: | Address | Yes/No |
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**Professional Qualifications:**

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| Professional qualification and place obtained (name at time of qualification if different to current) | Date | Grade/Reg No |
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| Date of renewal of professional registration: / / |  |  |
| Pin number: |  |  |

**General Education:**

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| --- | --- | --- | --- | --- |
| Secondary School/further education (Please give town/city name) | From | To | Qualifications (Exam Body) | Grades |
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**Further Study:**

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| Other studies undertaken or currently being undertaken.Address of education establishment: | Type of study/subject examined | Exam date |
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**Present Employment:**

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| --- | --- |
| Employers name: | Employers Address Telephone No. |
| Address employed at if different from above: | Telephone No: |
| Current position: | May we telephone you at work: Yes/No |
| Date joined current employer: | Length of notice required: |
| Brief summary of duties: |  |

**Previous Employment:** Posts held since leaving school – most recent first. Please enter month and year for commencing and leaving all positions. If there are any gaps in your employment history then give a full explanation for these gaps. Please also state if you have worked with vulnerable children/adults before and if so, why this position came to an end.

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| --- | --- | --- | --- | --- | --- |
| Employer and Address | Post Held | Nature of Duties | From month/year | To month/year | Reason for Leaving |
|  |  |  |  |  |  |

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| **Information to Support Application:** Use this to tell us why you are the right person for this post. Tell us any relevant experiences and also include an explanation for any gaps in employment history. Continue on a separate sheet if necessary. |

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**Sickness Record:**

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| --- | --- | --- |
| Year | No. of occasions off work sick | Total no. of days sick |
| Last 12 months |  |  |
| Previous 12 months |  |  |

**References:**

Name, job title and address of **three** references, the first of which **must** be your current or last employer. The second should be your previous employer, but if this is not possible, someone not related to you who can give an opinion of your suitability for this post. If you have not been in paid employment, please give the names of two people, not related to you, who can give an opinion as to your suitability for this post.

**REFEREES WILL ONLY BE CONTACTED IF YOU ARE INVITED FOR INTERVIEW.**

**Current or Last Employer: Second Referee:**

|  |  |
| --- | --- |
| Name: | Name: |
| Position: | Position: |
| Address:Email: | Address:Email: |
| Tel No: Fax: | Tel No: Fax: |

**Third Referee:**

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| --- |
| Name: |
| Position: |
| Address:Email: |
| Tel No: Fax: |

**General:**

Do you require a work permit: Yes/No Do you hold a current work permit: Yes/No

Do you possess a current driving license: Yes/No

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| Please give details of any endorsements/penalty points: |

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| Achieving Aspirations welcomes applications from people with disabilities, however, please indicate if you have any conditions which might affect your ability to undertake some tasks which the post requires and if you know of any adjustments that can be made: |

**Because of the nature of the work, the post for which you are applying requires a police check to be conducted. Any job offer made will be subject to a satisfactory DBS enquiry and references.**

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| Please declare any criminal convictions, cautions or bind overs here: |

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further agree that, should it be necessary to validate any of the information herein, the employer may release this information for verification purposes. If successful in my application, it is agreed that any information provided will be retained by the employer in a secure, confidential file, and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

**I confirm that I am physically and mentally fit for the work which I have applied to do and have completed the health declaration form.**

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| --- | --- |
| **Signature:** | **Date:** |