# Application form (confidential)

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| Title of post applied for: |  |

Before completing this form, please read the accompanying guidance notes.

## 1. Personal details

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Surname: | |  | | | First name or initials: |  |
| Former surname if different: | |  | | | Preferred name or title (Optional): |  |
| Address: | | | | | Telephone number (home): |  |
| Telephone number (business): |  |
|  | | | | | Telephone number (mobile): |  |
|  | | | | | National insurance number: |  |
| Postcode: | | |  | | Email address: |  |
| Nationality: |  | | | If you are not a British passport holder or 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 see the post advertised? | | | |  | | |

## 2. Education and professional qualifications

Original documents as proof of qualification will be required at interview.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Secondary School / College / University | Dates | | Examinations taken | Date | Result |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Professional qualifications currently held (how they were obtained, grade and date): | | | | | |

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| --- |
| Other relevant educational or training courses (with dates): |

## 3. Current post

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title of post: | |  | | | Salary/Grade: | |  |
| Name of employer: | |  | | | Business of employer: | |  |
| Address: | | | | | Date commenced: | |  |
| Date ended (if applicable): | |  |
|  | | | | |  | |  |
|  | | |  | |  | |  |
| Postcode: |  | | | |
| 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: | | | | | |  | |

## 4. Previous employment

(Please add more boxes or use another sheet if necessary)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name and address of employers: | Position held: | Reason for leaving: | Final grade/salary: | Dates (from/to): |
|  |  |  |  |  |
| Description of duties: | | | |  |
|  |  |  |  |  |
| Description of duties: | | | |  |
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| Description of duties: | | | |  |

Has any of your previous work (paid or unpaid) involved working with children, young people or adults at risk?  Yes  No

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| --- |
| If yes, please provide details. We will need to obtain a separate reference from an employer where you have previously worked with children. |

## 5. Relevant skills, abilities, knowledge, experience, and your reasons for applying for this post.

Please outline how you meet the criteria in the job description and person specification.

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## 6. Other information

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| --- | --- | --- | --- | --- |
| What activities outside work interest you? (State any positions held you consider relevant) | | | | |
| Do you hold a current driving licence? | Yes  No | Do you have access to a car? | Yes  No | |
| **Disabilities** | | | | |
| 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 fulfil 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) | | | | |

## 7. References

Please give the details of **two** employer references (see guidance sheet for further information). Offers of employment are subject to receipt of two suitable references.

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | **Referee 2** | |
| Title |  | Title |  |
| Full name: |  | Full name: |  |
| Job title: |  | Job title: |  |
| Organisation: |  | Organisation: |  |
| Address: | | Address: | |
| Telephone number: |  | Telephone number: |  |
| E-mail address: |  | E-mail address: |  |
| Please state what capacity they are known to you: | | Please state what capacity they are known to you: | |

## 8. 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. | | | |
| Signature: |  | Date: |  |
| Name: |  |  | |
| The information provided by you on this form may be processed for purposes permitted by the General Data Protection Regulation (2018). You have, on written request, the right of access to personal data held about you. The company treats personal data collected during the recruitment process in accordance with our Data Protection Policy. | | | |

**Please return your application form to: Gill Evans, Administration Officer, The Carers’ Centre, The Woodlands, Lower Bristol Road, Bath, BA2 9ES, or email** [**recruitment@banescarerscentre.org.uk**](mailto:recruitment@banescarerscentre.org.uk)**.**