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**APPLICATION FORM FOR RECEPTIONIST/ADMINISTRATOR**

(All information will be treated as confidential)

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Contact Number:** |  |
| **Email:** |  |

1. **Relevant Experience**

*Please provide details of any relevant employment experience, including paid or volunteer positions. Please include the name and address of the organisation(s).*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates (from/to)** | | **Name & Address of Employer** | **Position Held and Responsibilities** | **Reason for Leaving** |
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1. **Relevant Qualifications / Training**

*Please provide details of relevant qualifications and training that you have undertaken.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates (from/to)** | | **Educational Institute** | **Course** | **Result (if applicable)** |
|  |  |  |  |  |
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1. **Please let us know how you meet the required criteria given in the person specification for this role:**

*Please continue on a separate piece of paper if needed.*

1. **Please Provide any relevant additional information here:**

*Please continue on a separate piece of paper if needed.*

**Referees**

*Please provide details of 2 referees. Referees cannot be family members, one must be a current or previous employer, tutor or other professional.. References will be checked if an offer is been made.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Referee 1** | | **Referee 2** | |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone No.:** |  | **Telephone No.:** |  |
| **Email:** |  | **Email:** |  |
| **Relationship:** |  | **Relationship:** |  |

I confirm that, to the best of my knowledge, all the information I have supplied on this application is true and correct and I also understand that, as this work involves contact with vulnerable people, this position is exempt from the Rehabilitation of Offenders Act (1974) and, therefore, additional appropriate checks will be made.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**

**Please return this form (along with our Equal Ops. form) to:**

coordinator@kinergy.org.uk or post it to: Kinergy, Mary Carpenter House, Kingswood Foundation Estate, Britannia Road, Bristol, BS15 8DB