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Private and Confidential

**Application for Employment**

Please complete this application form in full. Please include full time, part time and voluntary employment history. Email the completed form to recruitment@lpw.org.uk.

**By completing and submitting this application form you are giving your consent for LPW to process and store your data for recruitment purposes. Your information will only be held and processed for the purpose of LPW’s selection processes and in connection with any subsequent employment or placement, unless otherwise indicated. Your data will be retained only for as long as is permitted by UK legislation and then destroyed.**

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| **Job title of the post you are applying for** |  |
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| **Where did you find out about the role you are applying for?** |  |
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| Your Personal Details  |
| Surname: | Other Names (Including former names): |
| Title:  | Known As |
| Mobile Number: | E-mail address: |
| National Insurance Number: | Address: |

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| **Present or most recent employment** |
| Name and Address of Employer | Title of Post Held | Brief description of duties and responsibilities |
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| Period of appointment(DD/MM/YY) | From:  | To:  |
| Grade and/or Salary:  | Full-time or Part time:  |
| Period of Notice required if applicable:  |
| Reason for leaving if applicable:  |

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| **Previous employment history**Beginning with the most recent |
| Employer Nameand Address | From | To | Brief Outline of theRole and Responsibility | Reason for leaving |
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| **Gaps in employment**Please give details and an explanation of any gaps in your employment history. |
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| Personal StatementInclude any additional information in this section which you feel will support your application. This may include why you are applying for the post and why you think you are suitable for the position. You may wish to include details of any relevant voluntary work or experience outside of your formal employment. Please do not add or refer to CVs in this section. A maximum of two sides may be submitted. |
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| Qualifications Please outline any qualifications, certificates or professional membership details that are relevant  |
| Subject/Course Title | Dates | Result | Educational establishment |
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| **Supplementary Information** |
| When are you available to start work? |  |
| Are you required to hold a work permit?  | YES/NO\* \*Delete as appropriate |
| If YES, what type of permit do you hold? | Please give details: |
| If YES, when does your current permit expire? | Date: |
| If appointed to this post will you retain any other form of paid employment (If YES please give details) | YES / NO\* \*Delete as appropriate |
| Please give details (name & relationship) of any Board Member, Governors or employee of Learning Partnership West to whom you are related or have close friendships with |  |

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| Declaration |
| I acknowledge that all Learning Partnership West posts involve working with young people under the age of 18 and as such are not subject to the Rehabilitation of Offenders Act 1974. Employment is therefore subject to satisfactory Disclosure checks with the Criminal Records Bureau. I declare that I am not disqualified from working with children and vulnerable adults (pursuant to the Protection of Children Act 1999, the Criminal Justice and Court Services Act 2000 and the Care Standards Act 2000).NB. A criminal record will not necessarily bar you from employment with us. This will depend on the nature of the position and the circumstances and background of the offences.I consent to the necessary enquiries and checks being undertaken by Learning Partnership West in order to confirm that the information included in this application is correct, to verify the authenticity of my qualifications and to ascertain whether I have a relevant criminal record which may make me unsuitable for the post applied for.I declare that all the information I have provided is true. I further understand that providing false information, deliberate omissions or misrepresentations will disqualify me and if such failure, or false information, is discovered after appointment I may be liable for dismissal without notice. This applies equally to any medical questionnaire/forms I may complete.Signed:........................................................................ Date:..................................................................If you are sending this application form by e-mail then in the absence of this signature you should note that the e-mailing of this application constitutes your personal certification that the details in this application are correct. Shortlisted applicants will be required to sign their application form when attending for interview. |
| **Application Notes** |
| Learning Partnership West is committed to equality of opportunity in all aspects of the organisation’s work. It is the policy of Learning Partnership West to select, appoint, employ and develop its employees on the basis of their suitability for the work to be performed. It is our intention that no applicant or employee receives less favourable treatment on the grounds of gender, race, ethnic origin, religion, marital status, disability, age, or sexual orientation, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.Please read the following notes when completing this form:1. Confirmation of the appointment of successful candidates will be subject to:• Receipt of satisfactory references;• Proof of eligibility to work in the UK;• Satisfactory disclosure from a criminal record check2. Due to high volumes we will not be able to acknowledge all applications. We will contact you again after the short-listing process. Applications that arrive after the closing date will not normally be considered.Please note that we only provide feedback, where requested, to candidates who are interviewed. We are unable to provide feedback to applicants who are not short-listed. |