**APPLICATION FORM**

Please complete electronically and return by email to [info@headwaybath.org.uk](mailto:info@headwaybath.org.uk)

|  |  |
| --- | --- |
| **Application for** [please state which post you are applying for]: |  |

**1. Personal Details**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Title:** |  | | | **Full name:** |  | | | | |
| **Address:** | |  | | | | | | **Postcode:** |  |
| **Tel number/s:** | | |  | | | **Email address:** |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you require a work permit to work within the UK?** | | | Yes  No |
| **Do you have a full current driving license?** | | Yes  No | |
| **Do you have regular use of a car?** | Yes  No | | |

**2.** **History of Employment**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Current Job title and brief description of duties:** | | | | | | | | | |
|  | | | | | | | | | |
| **Start date:** |  | | | | | **Leave date:** (write N/A if still employed) | |  | |
| **Name of current employer:** | | | |  | | | | | |
| **Address of current employer:** | | | | |  | | | | |
| **Reason for leaving:** | |  | | | | | | | |
| **When could you start employment with us?** | | |  | | | | **Current salary:** | |  |

**Previous employment over the last ten years if possible** (most recent first - including any voluntary work - please use continuation sheet if necessary and ensure that all periods are accounted for)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Employer’s Name and Address** | **Position Held** | **Reason for Leaving** |
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**3. Education and Training**

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| --- | --- | --- |
| **Schools (secondary)** | **Subjects and Results** | **Grade/Level** |
|  |  |  |

|  |  |
| --- | --- |
| **Further Education/College** | **Courses and Results** |
|  |  |

|  |  |
| --- | --- |
| **Additional Professional Qualification(s) / Membership(s) obtained** | **Dates** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **Courses / training attended e.g. Managerial, Professional** | **Organised/ hosted by** | **Dates** |
|  |  |  |

**4. Supporting information**

Please briefly provide any additional information you consider important (including details of previous positions, relevant experience and why you think you should be considered for the post), any special interests or activities, referring especially to the Person Specification. Please continue on another sheet if required. (Please state how many pages attached):

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**5. References**

Please give details of **TWO** persons who should not be related to you and who have consented to act as referee. One must be your employer (if currently unemployed, your last employer). If you have just completed full-time education, the Head/Principle and/or Tutor should be given.

**Referee 1:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | **Email:** | |  | |
| **Address:** | |  | | | **Tel number/s:** | |  |
| **Please state the capacity in which the referee knows you:** | | |  | | **Can this referee be contacted prior to interview?** | | |
| Yes  No | | |

**Referee 2:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Full Name:** |  | | | **Email:** | |  | |
| **Address:** | |  | | | **Tel number/s:** | |  |
| **Please state the capacity in which the referee knows you:** | | |  | | **Can this referee be contacted prior to interview?** | | |
| Yes  No | | |

**6.** **Disclosure of Information**

Please provide details of any relationship or connection to a person who is either an employee of Headway Bath and district or to a service user of Headway Bath and District:

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| --- |
|  |

**Rehabilitation of Offenders Act 1974**

The position for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and all convictions, whether spent or not, should be disclosed on this form. Applicants should be assured that the information they give will be kept confidential. The *Data Protection Act* requires that personal information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

**Have you ever been convicted or cautioned of a criminal offence?** Yes  No

**Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?**

Yes  No

If yes please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked ‘Confidential’ and addressed to ‘The Operations Manager’.

**Declaration**

I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreement made. I understand that, in the event of being offered the post, I will be required to complete a confidential health check declaration in respect of my state of health. Due to the sensitive nature of the duties the post holder will be expected to undertake, I also understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings *and any other information that may have a bearing on my suitability for the post.* I understand that an enhanced DBS disclosure will be sought in the event of a successful application.

**Signature:**

**Date:**