|  |  |
| --- | --- |
| Icon  Description automatically generated | **Application for Employment**Application for post of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**1 Personal Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Title:  |   | Surname: |  | Forename: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Postcode: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone: | Home: |  |  |
| Mobile: |  |  |
| Work: |  | May we telephone you at work? Yes [ ]  No [ ]  |

|  |  |
| --- | --- |
| Email: |  |

**Please note: If you have a CV or existing document which includes the information required in sections 2,3 and 4 below, please feel free to attach this instead of completing those sections below. If you choose this option, you must still complete section 1 and sections 5 – 9.**

**2 Employment History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates | Employer | Salary | Position held and brief outline of responsibilities | Reasons for leaving |
|  |  |  |  |  |

**3 Education / Qualifications & Training Relevant to Post**

|  |  |
| --- | --- |
| Date | Qualification/Course |
|  |  |

**4 Volunteering Relevant to Post**

|  |  |
| --- | --- |
| Date | Role |
|  |  |

**5 Role Requirements – supporting statement**

You may find it useful to refer to the advertisement, job description and person specification to see what we required for this role. Please demonstrate below how you meet the **person specification** against each numbered point. Please use no more than 3 to 4 sides of A4 and text should be a minimum of 11-point font.

**6 References**

Please give contact details of two referees, whose consent you have to share their details. Where possible one should be your present or most recent employer. Referees will only be contacted if we offer you the role. If you are offered a post it will be conditional on receipt of two satisfactory references, proof of the right to work in the UK, and a clear enhanced DBS check. Please make sure the information is complete and current.

|  |  |  |
| --- | --- | --- |
|  | **First Referee** | **Second Referee** |
| Name: |  |  |
| Position: |  |  |
| Relationship: |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Telephone: |  |  |
| E-mail: |  |  |
| **7 Convictions**As the successful candidates(s) will be working with vulnerable adults and/or children, the Safeguarding Vulnerable Groups Act and Rehabilitation of Offenders Act 1974 (Exemptions) Orders 1975 (SI1975/1023) applies. You must disclose all your unspent convictions, (or cautions) and pass an enhanced DBS check prior to appointment. Please disclose these below \* Conviction/Caution: Date:Conviction/Caution: Date:Conviction/Caution: Date:Conviction/Caution: Date:\* WHM wishes to support the employment of ex-offenders whilst ensuring paid staff, volunteers and service users are not at any risk. The information shared will not necessarily be a bar to obtaining a position. If you would like to discuss anything prior to submitting your application, then please call us.**8 Reasonable Adjustment**If you consider yourself to have a disability as defined by the Equality Act and believe that you may require reasonable adjustments to be made to the application and/or interview process, then please indicate this below. If you have indicated that you would like reasonable adjustments to be considered as part of the recruitment process, then we will contact you to discuss this further.I would like to receive a call to discuss reasonable adjusts to the application process **- yes/no [delete as appropriate]** |

**9 Declarations**

I confirm that the information I have given on this form is correct and complete and that I understand misleading statements may be sufficient grounds for dismissal.

Due to data protection requirements we need your permission to process and retain the information you have provided on this form in relation to this recruitment process. Please sign here if you are happy for us to do so.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date:  |  |

Please return the completed form by e-mail to the address stated by the date specified.