** JOB APPLICATION FORM**

**Please complete and return to info@cwrc.org.uk**

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| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | | | | | |
| **Surname** |  | | | | | | | **Forenames** | | |  | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | **Postcode** | | |  | |
| **Title (Mr Mrs Miss Ms Dr Other)** | | | | |  | | | **Telephone Code & No** | | | | |  | | | | | | |
| **Email Address** | |  | | | | | | **Mobile Telephone No** | | | | |  | | | | | | |
| **National Insurance No** | | |  | | | | | | | | | | | | | | | | |
| **Do you currently own a motor vehicle? (Yes/No)** | | | | | | | |  | | **Current Driving Licence: Yes/No)** | | | | | | |  | | |
| **Tick appropriate box(es)** | | | | **None** | |  | **Provisional** |  | **Ordinary** | |  | **P.S.V** | |  | **L.G.V.** |  | **Other** | |  |

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| **PRESENT EMPLOYMENT** | | |
| **Employer and Nature of Business/School/College** | | | | |  | | | |
| **Position Held** | |  |
| **Address** |  | |
|  | | | | | | | | **Postcode** |
| **Pay (weekly/monthly/annual) £** | | | |  | | **Full/part-time** |  | |
| **Date started** | |  | | | | **Telephone No** |  | |
| **Notice required** | |  | | | |  |  | |

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| **Do you require a work permit?** | | | | |
| Yes |  | No |  |  |

**“The personal information requested above will be kept securely and not made available to anyone before or during shortlisting to ensure that only your abilities, experience, training and qualifications are considered.  All unsuccessful application forms are destroyed after 6 months.**

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| **FULL EMPLOYMENT HISTORY (most recent employment first)** | |
| **From** | **To** | | **Employer and**  **Nature of Business** | **Position held** | **Annual**  **Pay** |
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| **SECONDARY EDUCATION (Proof of qualifications will be required at interview)** |
| **Name of School** |
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| **FURTHER AND HIGHER EDUCATION (Degree, Diploma, BTEC, City & Guilds etc)**  **(Proof of qualifications will be required at interview)** |
| **Institution**  **University/College** | | **Dates**  **From-To** | **Full/**  **Part** | **Qualification** | **Subject** |
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| **If more space is needed please continue on a separate sheet of paper** |

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| **OTHER QUALIFICATIONS, INCLUDING MEMBERSHIP OF PROFESSIONAL BODIES** |
| **Institution** | | **Details of Membership**  **(state by examination or experience)** |
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| **RECENT TRAINING & DEVELOPMENT ACTIVITIES** |
| **Brief particulars** | | **Date Started** |
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| **SPECIAL INTERESTS & PURSUITS** |
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| **REFERENCES** | | | | | | | |
| **Please give details of two work related persons who can be consulted about your suitability for this post, one of whom must be your most recent.** | | | | | | | |
| **Name** | | | |  | | | | | | **Name** | | | |  | | |
| **Address** | | | |  | | | | | | **Address** | | | |  | | |
|  |  | | | | | | | | |  |  | | | | | |
|  |  | | | | | | | | |  |  | | | | | |
| **Telephone No** | | | | | |  | | | | **Telephone No** | | | | |  | |
| **Mobile Telephone No** | | | | | | |  | | | **Mobile Telephone No** | | | | | |  |
| **Email Address** | | | | |  | | | | | **Email Address** | | | |  | | |
| **Status** | | |  | | | | | | | **Status** | | |  | | | |
| **Relationship (e.g. employer/friend/colleague)** | | | | | | | | |  | **Relationship (e.g. employer/friend/colleague)** | | | | | | |
|  | | **PLEASE TICK IF YOU WISH TO BE APPROACHED**  **BEFORE THIS PERSON IS CONTACTED.** | | | | | | | |  | | **PLEASE TICK IF YOU WISH TO BE APPROACHED**  **BEFORE THIS PERSON IS CONTACTED.** | | | | |

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| **SUPPORTING STATEMENT** | | | | |
| **Please use this page to write a statement supporting your application. Give details of your interest in the post and**  **show how your experience, skills and training – gained both in and outside of paid work, and through study – relate to the detailed requirements of the job description. If more space is needed please continue on a separate sheet of paper.** | | | | |
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| ***Interview arrangements***   |  | | --- | | Do you require any special facilities for interview?  If so, please give details. |   **Please note that all candidates are treated equally regardless of their age, sex, sexual orientation, marital status, race, ethnic origin, religious belief or disability**  **DECLARATION** | | | | | |
| ***Rehabilitation of Offenders Act 1974***   |  | | --- | | Under the Act, most sentences awarded by a Court for Criminal offences may be regarded as spent and disregarded, for most purposes, after a specified period of time and need not then be disclosed. **However this post is exempt from the Rehabilitation of Offenders Act 1974 and you must therefore declare any and all convictions/cautions/reprimands/warnings you may have had. As you will be working with vulnerable individuals, prior to commencing in post you will be required to undergo a Disclosure and Barring Service check.**  **Please note the amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers , and cannot be taken into account.**  **Guidance and criteria on the filtering of these cautions and convictions can be found on the Disclosure and Barring Service website.**  **Have you at any time been convicted of a criminal offence or received a Police caution and or reprimand or warning? YES/NO**  If the answer is Yes, please give full details including the nature of the conviction/caution/reprimand/warning, which Police Force was involved, the outcome and dates. |   **DATA PROTECTION ACT 1998**  We undertake to treat personal details on this application form from which you can be identified, with complete confidentiality. By submitting this application form you are consenting for your details to be used in our recruitment process in accordance with the Data Protection Act 1998  **DECLARATION**  To the best of my knowledge the above facts are a true statement. I accept that providing deliberately false information could result in my dismissal.  Should an offer of employment be made we reserve the right to require you to undergo a medical. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). | | | | | |
| **Signed** |  | **Date** |  |