



*supporting health, independence and learning*

## APPLICATION FORM

**Please complete all sections of the form and use black ink as this form will be photocopied.**

Position applied for:

Service/Project:

Job reference:

### APPLICANT DETAILS

Title:

Postcode:

Surname:

Home Telephone No:

First Names:

Mobile No:

Home Address:

E-mail Address:

Date of Birth:

National Insurance No:

### SUPPLEMENTARY PERSONAL INFORMATION

Do you need a permit to work in the UK?

Yes/No

Do you perceive yourself as having a disability?  
*(If yes, please specify any special help you need)*

Yes/No

Have you had any serious illness in the past 5 years?  
*(If yes, please specify)*

Yes/No

How many days have you been absent from work due to illness  
in the past 2 years?

Do you have a full, clean driving licence?

Yes/No

Do you have access to a car during work hours?  
*(Only relevant if specified in the person specification)*

Yes/No

**QUALIFICATIONS & TRAINING**

**Please state details of your education, qualifications and training**

| Dates | School/College/University | Exams passed/ Qualifications |
|-------|---------------------------|------------------------------|
|       |                           |                              |

**EMPLOYMENT HISTORY**

**Please state details of your current or most recent employment**

Name & address of employer:

Date of joining:

Final salary:

Reason for leaving:

Your position:

**Please describe the main responsibilities of your current job**

**Please state details of previous employment (most recent first)**

| Employer's Name | From - To | Job title | Reason for leaving | Your duties/ responsibilities |
|-----------------|-----------|-----------|--------------------|-------------------------------|
|                 |           |           |                    |                               |

**SUPPORTING STATEMENT**

Drawing upon your experience, skills, abilities and qualifications explain how you meet each selection criterion of the Person Specification in the job description.

**You may attach one extra side of A4 to this application.**

Other experience which may be relevant to your application (e.g. voluntary work/activities, other interests/hobbies)

## REHABILITATION OF OFFENDERS ACT

You only need to complete this section if the job description indicates that the post is exempt from the provisions of the Rehabilitation of Offenders Act 1974, in which case a disclosure will be requested from the Criminal Records Bureau in the event of a successful application.

Have you ever been convicted of a criminal offence? **YES/NO**  
If **YES**, please give details of the conviction(s) and date(s)

## REFERENCES

We will need to contact your present or most recent employer and another referee if you are the successful applicant for this post, but we shall not approach them without your permission.

May we approach them immediately after the interview process? **YES/NO**

### **Present/most recent employer**

Name:

Address:

Organisation:

Position:

Telephone No:

### **Second referee** (*Somebody who has known you for more than 5 years*)

Name:

Address:

Organisation:

Position:

Telephone No:

## **Declaration**

I declare that to the best of my knowledge the information given in this form is correct and I understand that false information may lead to termination of employment or the withdrawal of a job offer.

Signature:

Date:

**PLEASE RETURN YOUR APPLICATION FORM TO:** HR Support Officer, Impact Initiatives, Brighthelm, North Road, Brighton, East Sussex BN1 1YD