|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please complete in black ink using clear printing or type* ***\*(Delete as necessary)*** | | | | | | | | | | | |
| ***APPLICATION FOR THE POST OF:*** | | | |  | | | | | | | |
| ***Where did you see the post advertised?*** | | | |  | | | | | | | |
|  | | | |  | | | | | | | |
| ***PERSONAL DETAILS:*** | | | | | | | | | | | |
| *Surname:* |  | | | | *Forenames:* | | |  | | | |
| *Address:* |  | | | | | | | | | | |
| *Telephone No:*  *Email Address:* |  | | | |  | | |  | | | |
| *Full Driving Licence:* |  | | | | \* | YES | NO | |  | | |
|  | | |  | | | | | | | | |
| ***PRESENT EMPLOYMENT:*** | | | | | | | | | | | |
| *Job Title:* | |  | | | | | | | | | |
| *Name & Address of Employer:* | |  | | | | | | | | | |
| *Present Salary:* | |  | | | *Grade:* | | |  | | | |
| *Other Benefits:* | |  | | | | | | | | | |
| *Date Employed Commenced:* | |  | | | | | | | | | |
|  | | |  | | | | | | | | |
| ***PREVIOUS EMPLOYMENT: Please ensure any gaps in employment are explained*** | | | | | | | | | | | |
| *Job Title & Employer:* | | | | | | | | | | *From:* | *To:* |
|  | | | | | | | | | |  |  |
|  | | |  | | | | | | | | |
| ***MEMBERSHIP OF PROFESSIONAL ORGANISATIONS:*** | | | | | | | | | | | |
|  | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***EDUCATION & TRAINING:*** | | | | | | | | |  |
| *School/College etc* | | | *From/To* | | | | | *Qualifications* | *Awarding Body* |
|  | | |  | | | | |  |  |
|  | |  | | | | | | |  |
| ***OUTSIDE INTERESTS:*** | | | | | | | | | |
|  | | | | | | | | | |
|  | |  | | | | | | |  |
| ***HEALTH*** | | | | | | | | |  |
| *Are you registered disabled?* | | | | \* | YES | NO |  | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | |  | | | | | | |  |
| ***REFERENCES:*** | *Please give the names of two people who could be contacted for a reference. If you are employed at present, one of the references must be your present employer.* | | | | | | | | |
| *Present/Most recent employer reference*  *Full Name*  *Company Name*  *Address*  *Telephone Number*  *Email Address:*  *Capacity known to applicant:* | | | | | | | | | |
| *Second Reference*  *Full Name*  *Company Name*  *Address*  *Telephone Number*  *Email Address*  *Capacity known to applicant:* | | | | | | | | | |
| *May we contact your referees prior to your interview?* | | | | \* | YES | NO |  | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***FURTHER DETAILS:*** | | *In your own words, please fully describe using the Job Description and Personal Specification why you would like this position. Include any skills and experience either paid or voluntary you have gained that may be an advantage to you in this job.* | | | | | | | |
|  | | | | | | | | | |
| ARE YOU RELATED TO ANY COMMITTEE MEMBER OR EMPLOYEE? | | | | | | \* | YES | NO |
| ***If YES, please give details:*** | | | | | | | | |
|  | | | | | | | | |
| DECLARATION IN RESPECT OF CRIMINAL CONVICTIONS Please read the following guidance notes before completing the declaration in the space provided.  Your attention is drawn to the fact that the post for which you are applying is excluded from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions Order 1975). Therefore you must disclose information about any convictions which for any other purpose are “spent” under the provisions of the Act. You are required to disclose any conviction against you however minor and including road traffic offences. You must give details of offences for which you have been convicted including the date of the conviction and the sentence imposed. Any information given to us will be completely confidential and only considered in relation to this application. This information may be discussed at interview. Failure to disclose convictions which come to light subsequently may result in disciplinary action or dismissal if you are appointed to the post. | | | | | | | | |
| HAVE YOU/ OR ANYONE LIVING IN YOUR HOUSEHOLD BEEN DISQUALIFIED FROM WORKING WITH CHILDREN OR VULNERABLE ADULTS? If YES, please give details of any conviction/ prohibition including the date of the conviction, nature of offences, the Court and the sentence imposed. Please use additional sheets of paper if necessary. | | | | | |  | YES | NO |
| HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? If YES, and you are invited for interview, a statement detailing all spent and unspent convictions including the date of the conviction, nature of the offence, and the sentence imposed should be sent under separate cover in an envelope marked ‘Private and Confidential’ for the attention of the Chair of Trustees only.  If you do not disclose any conviction you have and you are appointed, it may lead later to your dismissal. | | | | | |  | YES | NO |
| ***HAVE YOU THE RIGHT TO WORK IN THE UK?*** | | | | | |  | YES | NO |
|  | | | | | | | | |
|  | | | | | | | | |
| DECLARATION | | | | | | | | |
| I confirm that the information given on this form is, to the best of my knowledge, true and complete, I accept any false or deliberately misleading statements made may be enough cause for rejection, or, if employed dismissal. | | | | | | | | |
| *Signed:* |  | | | *Date:* |  | | | |
|  | | |  | | | | | |
| ***PLEASE RETURN THIS APPLICATION TO:*** | | | | | | | | |
| Email:Gracie.rogan@howgill-centre.co.ukPost to:Gracie RoganHowgill Family Centre **Birks Road** Cleator Moor **Cumbria**  **CA25 5HR**  Registered Charity No: 519278 Registered Company No: 2045632  Howgill is registered as a Company limited by guarantee, incorporated in England.  Its objects, powers and other constitutional matters are set out in its Memorandum and Articles of Association available from the Registered Office as above | | | | | | | | |