

POST APPLIED FOR ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­

SURNAME: OTHER NAMES:

ADDRESS:

NATIONAL INSURANCE NUMBER:

TEL. NO

E-MAIL ADDRESS

DO YOU REQUIRE A WORK PERMIT YES/NO

WHERE DID YOU SEE THE POST FOR WHICH YOU ARE APPLYING ADVERTISED?

PRESENT POST:

NAME OF EMPLOYER:

ADDRESS

DATE APPOINTED: ANNUAL SALARY:

NOTICE REQUIRED:

PREVIOUS EMPLOYMENT (please start with the most recent and continue on a separate sheet if necessary)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of employer | Post held | From | To | Salary | Reason for leaving |
|  |  |  |  |  |  |

EMPLOYMENT DETAILS

Please give details of your duties and responsibilities in your present or last employment

SUPPORTING STATEMENT:

This application form is an important part of our selection procedure. Please state your reasons for applying for this post and how you meet all the requirements of the person specification, emphasising any points which you consider relevant to your application. You can use examples from both paid employment and voluntary work. Continue on a separate sheet if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Education, Training and Qualifications  School, Colleges or Universities attended with dates | Subject and Qualification | Date | Grade/Class |
|  |  |  |  |

NAMES AND ADDRESSES OF TWO REFEREES

(At least one referee must be your most recent employer except where there is no such employment)

1. 2.

Tel. No. Tel. No.

Do you consider yourself to have a disability relevant to the performance of the duties described in the job description for this post? YES/NO

If yes,

1. If you are aware of any equipment or adaptations that will assist you to meet the requirement of

the person specification, please give details:

2) Will you require any assistance if called for interview? YES/NO

If yes, please give details:

The particulars contained in my application are correct and I understand that failure to complete this form accurately and honestly may adversely affect any contract of employment made with me.

Signed: Date: