

PRESENT EMPLOYMENT		
Employer	Position	Duties
Date Started:		Period of Notice required:

PREVIOUS EMPLOYMENT			
Employer Name /Address	Post/Duties	Dates	Reason for leaving

HEALTH		
Please state any serious illness /disability / operations		
Please detail any absence through sickness in last two years		
No.of Periods:	No.of Days:	Reasons

SUPPORTING INFORMATION

Please explain why you would like to undertake this post, giving details of knowledge, skills and experience (paid and/or voluntary) that you will bring to the role. Please continue on an additional sheet if necessary.

REFERENCES

Please give below the full names, addresses and telephone numbers of 2 referees, one of whom should be your present or most recent employer

1 Name:

Address:

Tel. No:

Capacity known:

2 Name:

Address:

Tel. No:

Capacity known

Do you wish us to contact you again before approaching your referees? Yes / No

DISCLOSURE OF INFORMATION

Because of the nature of the work for which you are applying, this post is exempt from the provisions of the Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (exemptions) Order 1975. Applicants are therefore not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of an offer of employment, an Application for Disclosure will be made to the Criminal Records Bureau, and any failure to disclose such convictions could result in dismissal. All information will be treated in the strictest confidence and will be considered only in relation to a position to which the order applies.

Do you have any cautions or criminal convictions relevant to the post for which you have applied? YES/NO

If yes, please give details :

DECLARATION

I confirm that to the best of my knowledge the information given by me on this application form is true and correct, and can be treated as part of any subsequent contract of employment. I understand that an appointment will be subject to satisfactory references, including an Enhanced check by the Disclosure and Barring Service.

Signature:

Date: