**Application Form**

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| **PERSONAL DETAILS** |
| **POSITION APPLIED FOR:** |
| **Surname:**  | **Forename/s:** |  |
| **Address:** | **Email:** | **Telephone Numbers:** |
| **Do you require a Work permit/Certificate of Sponsorship prior****to taking up employment?** | **[ ] Yes****[ ] No** | **If Yes please provide details** |
| **So that we can make any reasonable adjustments to our recruitment process or to the post please answer the following question:****Do you consider yourself to have a disability or to be suffering from a serious or chronic illness?** ***A disability as a physical or mental impairment, which has a substantial and long-term effect on the person’s ability to carry out normal day-to-day activities.*** | **[ ] Yes****[ ] No** | **If you have answered ‘Yes’ please provide full details as to the nature of the disability or illness and the adjustments you believe may assist you in making your application,****the interview process or the performance of in the role.** |

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| **EDUCATION AND TRAINING** **Please provide details of your education training and qualifications from your secondary school (GCSE or equivalent) onwards.** |
| **Name of School/s & University Attended or Courses Undertaken**  | **Dates Of Attendance**  | **Qualifications Attained & Grades** |
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| **WORK EXPERIENCE** **Please provide full details of any work experience (paid or voluntary) starting with the most recent and explain any gaps. Continue on an additional sheet if necessary.** |
| **Name of Employer**  | **Dates to/From**  | **Job Title & Duties** | **Reasons For Leaving** |
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| **Person Specification** **Please set out how you believe your skill and experience meet our person specification. Continue on one more separate sheet if necessary.** |
| **Do you hold a full clean driving licence?** | [ ] Yes[ ] No |  |
| **This post is exempt under the Rehabilitation of Offenders Act therefore please answer the following question:****Have You Ever Been Convicted of a Criminal Offence**  | [ ] Yes[ ] No | **If you have answered ‘yes’ please provide dates and details and any matter you would like us to take into consideration.** **Please note the fact that you disclose a conviction whether spent or otherwise will not necessarily preclude you from employment. You will be required to undergo a full DBS check.** |
| **Please Provide Details of Two Referees one of whom must be your last or most recent employer (unless this is your first job).** |
| **Contact Name, Address and Email**  | **Please state the nature of the relationship to you e.g. employer/tutor etc.** | **May we contact them prior to any job offer ?****[ ] yes****[ ] No**  |
| **Contact Name, Address and Email**  | **Please state relationship to you e.g. employer/tutor etc.** | **May we contact them prior to any job offer?****[ ] yes****[ ] No** |

Finally please complete the acknowledgement and sign and date your application below

I confirm that the information given in this form is true and complete to the best of my knowledge and belief.

I have disclosed all matters relevant to my application.

I understand that if any of my answers are untruthful, incomplete or misleading then any job offer may be withdrawn, or where my employment has commenced, it may be terminated without notice or compensation.

I understand that the details provided in this form will be retained by the Centre for Better Health Limited and used for recruitment and monitoring purposes. I consent to the Centre for Better Health Limited processing data including personal and sensitive data on my behalf.

I understand and agree that the Centre for Better Health Limited may carry out background/reference checks in respect of me and will require me to undergo Disclosure and Barring Service (DBS) checks.

Signed............................................. Date.............................................

Please return by email to recruitment@centreforbetterhealth.org.uk or by post; 1a Darnley road, London E9 6QH