



Choice Advocacy



Please type or use black ink when completing this form. Do not send any additional sheets unless stated for individual questions. The information on this form will be treated as confidential to the selection panel.

For office use only

| | | | |
|-------------------|------------------|---|--------------------|
| Post Applied For: | App No: | S/List: Yes/No | Int Time: |
| Closing Date: | Job ref No: | Int Date: | Refs Rec'd: Yes/No |
| Offered: Yes/No | Accepted: Yes/No | Qualification Certificates Seen – Yes ف | |

Where did you see the advert:

1. Personal Details

Last Name _____

First Name(s) _____

Address

Postcode _____ Telephone (Home) _____
(Work) _____

2. Present / Last Employment

Name of Employer _____

Address

Postcode _____ Telephone _____

Notice required _____ Position held _____

Date appointed _____ Date Left _____

Please describe briefly the main duties of this post

Reason For Leaving

3. Past Employment (continue on a separate sheet if necessary, please account for all time paid & unpaid)

| Name of employer / organisation & full address | Job title | From - To | Reason for Leaving |
|--|-----------|-----------|--------------------|
| | | | |

4. Education, qualifications & training (You may need to produce the original certificates if short listed for interview)

| Title & subjects | School , college or university | Dates | Grade |
|------------------|--------------------------------|-------|-------|
| | | | |

5. Other relevant information (Please state your reason for applying. You should give details of relevant skills, experience & knowledge you possess that demonstrate how you meet the person specification) Please do not provide additional sheets for this question.

Empty response box for providing details of relevant skills, experience, and knowledge.

6. References (Please provide details of two people who have agreed to provide us with information to support your application for this post. The first should be your present (or most recent) employer. If possible the second should be a previous employer, supervisor, college tutor (or someone who is work-related).

| |
|---|
| Name |
| Position in organisation |
| Address |
| Tel No. |
| How long have you known them and in what capacity |

| |
|---|
| Name |
| Position in organisation |
| Address |
| Tel No. |
| How long have you known them and in what capacity |

7. Health

| |
|---|
| Is there anything in your medical history, such as a serious illness or disability, which may affect your work? If so, is there anything we could provide to assist you? Please give details. |
|---|

8. Interview Dates

| |
|---|
| Please give any dates or days within the next month when you will not be available for interview. |
|---|

9. Rehabilitation of Offenders Act 1974

Where posts involve working with people with learning disabilities the exemption order of the above Act allows Choice Advocacy to enquire into the criminal records of applicants. If this is the case, you should list all criminal convictions, including any, which may, in other circumstances, be considered spent.

Have you been convicted of any criminal offence by a court of law?

Yes/No

If you do have criminal convictions, information should be given on a separate sheet of paper. This will be completely confidential.

10. Criminal Records Bureau

As part of the conditions of the post, we will be applying for any information on your criminal record, therefore we need your permission to contact the Criminal Records Bureau.

Sign if you give us permission. _____

11. Declaration

The information given on the form is correct to the best of my knowledge and belief. I understand that any false statement may be sufficient cause for rejection or, if employed dismissal.

Signature

Date

Please return application to :

CONFIDENTIAL
David Rosser
Choice Advocacy
Rebecca House
Rebecca Street
Bradford
BD1 2RX