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| **APPLICATION FORM** | | | | | | | |
| Please read the Job Description before completing this form, then return your completed form to: contact@kingswellsupportservice.co.uk  If you would like a version of the application pack in a larger print, or would like any other support with making an application please contact contact@kingswellsupportservice.co.uk | | | | | | | |
|  | | | | | | | |
| Title of post applied for: | |  | | | | | |
| Where did you hear about this job? | |  | | | | | |
| 1. **PERSONAL DETAILS** | | | | | | | |
| Last name |  | | First name | |  | | |
| Address | | | Preferred first name | |  | | |
|  | | | Tel No (mobile): | |  | | |
| E-Mail: | |  | | |
| Nationality |  | | | |
| If you are not a British passport holder or a European Citizen, or you do not have the permanent right to remain in the UK, you will require a work permit | | | | | | | |
| Do you need a work permit to be employed in the UK? | | | | | | Yes | No |
| If you already have a work permit, when does it expire?  (Please note that your current work permit may not be valid for this post) | | | | | |  | |

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| 1. **YOUR REASONS FOR APPLYING FOR THIS JOB**   Please state your reasons for applying for the role, and what you feel you could bring to Kingswell Support Service |
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| PRESENT POST | | | | |
| Title of Post |  | | | |
| Name of Employer |  | | | |
| Employer’s Address | | Business of Employer | |  |
|  | | Start Date | |  |
| End Date | |  |
| Current Salary | |  |
| Please outline your responsibilities, to whom you are responsible and staff responsible to you (if applicable): | | | | |
|  | | | | |
| Reason for leaving or wishing to leave | | |  | |
| Current notice period | | |  | |
| Please notify us of any dates you are not available for interview | | |  | |

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| **4. ANY PREVIOUS EMPLOYMENT** | | | | | | |
| Name of Employer | | |  | | Position held |  |
| Employer’s Address | | |  | | | |
| Start date | | |  | | End date |  |
| Reason for leaving | | |  | | Final salary |  |
| Description of duties | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Name of Employer |  | | Position held | |  |
| Employer’s Address |  | | | | |
| Start date |  | | End date | |  |
| Reason for leaving |  | | Final salary | |  |
| Description of duties | | | | | |
|  | | | | | |
|  | | | | | |
| Name of Employer |  | | Position held | |  |
| Employer’s Address |  | | | | |
| Start date |  | | End date | |  |
| Reason for leaving |  | | Final salary | |  |
| Description of duties | | | | | |
|  | | | | | |
| (Please use continuation sheet if necessary.) | | | | | |

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| **5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE AND/OR EXPERIENCE** |
| This information is used in the shortlisting of candidates for interview. Using the Essential Skills and Desirable Skills contained in the Person Specification, please give details of how your skills and experience meet the requirements of this post, ensuring that you address each of the points listed as essential. This could include relevant information regarding work experience, voluntary work or hobbies. |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | EDUCATION AND PROFESSIONAL QUALIFICATIONS(Original documents as proof of qualification may be required at interview) | | | | | | Secondary School / College / University | Dates | | Examinations taken | Result | | From | To | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  | | | | |  |  | | --- | | Professional qualifications currently held: how obtained, grade and date | |  | |  | | Other relevant education or training courses, with dates | |  | | | | |
| DRIVING | | |
| Do you hold a current driving license? | Yes | No |
| Do you have access to a car? | Yes | No |

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| 1. **DISABILITIES** | | | | |
| If selected for interview, do you have any access requirements? | Yes | | | No |
| If “yes”, please provide any information that you feel would help us to accommodate your needs during your interview (e.g. wheelchair access, interpreter, lighting requirements, hearing loop, preferred room layout etc.) | | | | |
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| 1. **REHABILITATION OF OFFENDERS ACT 1974** | | | | |
| Have you any convictions that are not spent under Rehabilitation of  Offenders Act and are not minor motoring offences? | | Yes | No | |
| If yes, please provide further details: [spent convictions do not have to be declared] | | | | |
|  | | | | |
| Your post may be subject to Enhanced Disclosure with the Disclosure and Barring Service (DBS). If this is the case, it will be indicated on the person specification. If your post is subject to disclosure, and the disclosure reveals something that is not to the employer’s satisfaction, your employment will be terminated. If you know of any reason why you would not achieve a successful Enhanced Disclosure from the DBS please provide details on a separate sheet and attach to your application in a sealed envelope marked “CONFIDENTIAL”. | | | | |

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| 1. **References**   (Please provide two references, one should be from your current or most recent employer and one from a previous line manager or member of academic staff. If you do not have sufficient work experience a reference from someone who knows you in a formal capacity will be acceptable. We are unable to accept references from friends or family) | | | | | | | | |
| Title (Mr, Mrs, Ms etc.) | |  | | Title (Mr, Mrs, Ms etc.) | | |  | |
| Full name | |  | | Full name | | |  | |
| Job title | |  | | Job title | | |  | |
| Organisation | |  | | Organisation | | |  | |
| Address | |  | | Address | | |  | |
|  | | | |  | | | | |
| Tel no |  | | | Tel no |  | | | |
| Email |  | | | Email |  | | | |
| 1. **Declaration** | | | | | | | | |
| I declare that the information given in this application form is true and complete. I understand that if I have knowingly given any misleading information on this form or made any omissions, this will be sufficient grounds to disqualify me from the application process, and if discovered after employment has started, may lead to dismissal | | | | | | | | |
| Signature: | | |  | | | | | |
| Name: | | |  | | | Date: | |  |
| The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with GDPR (2018) and will be processed solely in connection with recruitment. | | | | | | | | |

Thank you for your interest in working for Kingswell Support Service Ltd, please return your completed application form to us at contact@kingswellsupportservice.co.uk