APPLICATION FOR EMPLOYMENT

Post applied for:_____ Closing date:_____

1. Personal detail	
Surname:_____	Home address:_____
First name:_____	_____
Date of birth:_____	_____
Male ☐ Female ☐	Post code:_____
Mobile:_____	Evening:_____
Telephone (day):_____	Email:_____

2. Education & Training

Please specify any relevant training you have received or courses attended (give dates)
Are you a member of any professional organisations? Give status and dates.

School Attended	Date Attended	Qualifications received – dates awarded

3. **Employment history: please include both paid work and relevant voluntary experience (please state if voluntary). Current or most recent employment first. If your application is successful, you will need to provide evidence of qualifications.**

Name of address of employer	Job Title	Dates employed – month/year

Please provide two referees, including one from your present or most recent employer. Referees should be line managers, not friends, relatives or immediate colleagues. Referees will be contacted before an offer of employment is confirmed.

Name:_____ Name:_____

Position:_____ Position:_____

Business Address:_____ Business Address:_____

_____ _____

_____ _____

Tel:_____ Tel:_____

Email: _____ **Email:** _____

Relationship: Relationship:

May we approach them at this stage: May we approach them at this stage:

4. **Your experience, skills, knowledge and abilities:** This section provides an opportunity to describe your experience and skills, which are relevant to this post. Think carefully about how you meet the person specification and the job requirements, considering your experience gained in paid or voluntary employment, outside interests and any other relevant activities. Continue onto A4 paper if required.

WE *STRONGLY* SUGGEST THAT YOU DEMONSTRATE CLEARELY HOW YOU MEET THE PERSON SPECIFICATION REQUIREMENTS

5. Further Information

What period of notice does your present employer require?

Do you have a current clean driving licence?

Do you have the use of a care during work hours?

Do you consider yourself disabled?

If you do, do you have a disabled register number?

Are you related to any member of staff or Management Committee member?

If so, please state the name, and the nature of the relationship.

Please quote your National Insurance number

Do you require a permit to work in the UK?

6. Declaration

I declare to the best of my knowledge the information given on this form is correct. I understand that deliberately falsifying or withholding information could constitute grounds for dismissal at a later date.

Signed _____ Date _____

Please return completed application to:

The Dalgarno Trust
1 Webb Close, Dalgarno Way
London W10 5QB

or
info@dalgarnotrust.org.uk