



APPLICATION FOR EMPLOYMENT

(PLEASE COMPLETE IN BLACK INK OR TYPE)

Please note that this application form must be completed in full. Curriculum Vitae will not be accepted.

Please feel free to use a maximum of 1 page (font size 12) necessary to add further information in support of your application.

Forms should be returned to: Headway Cardiff, Rookwood Hospital, Fairwater Road, Llandaff, Cardiff, CF5 2YN or email: recruitment@headwaycardiff.org

Post for which you are applying:	
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1. PERSONAL DETAILS

Mr/Mrs/Miss/Ms First Name:

Surname:

Home Address:

Post Code:

Home Tel No:

Mobile Tel No:

E Mail Address:

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|--|--------|
| a) Have you a current full UK driving license? | YES/NO |
| b) Please give details of any endorsements | |
| d) Do you have use of your own transport? | YES/NO |

Do you have any special needs that we should be aware of? YES/NO

If yes, please give details:

Where did you see the post advertised/how did you hear of the vacancy? (Name of newspaper/journal, friend etc.)

2. EMPLOYMENT DETAILS

Current or Most Recent Employment:-

Position Held:

Employer's Name and Address:

Start Date:

Notice required or Date left:

Reason for leaving:

Current salary:

Main Duties and Responsibilities:

3. PREVIOUS EMPLOYMENT

Please provide reasons for any gaps in your employment history, using a separate sheet if necessary

From To	Employer's Name and Address	Job Title	Duties / Responsibilities	Reason for leaving

4. EDUCATION

Qualifications will only be taken into account where they are strictly required for the post

Schools, Colleges, Universities or Institutes of Further Education attended (including part-time)	Dates From To	Qualifications gained including subjects, grades or results expected

5. Any Other relevant qualifications or records of achievement (e.g. courses attended, membership of professional groups)

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6. VOLUNTARY WORK

Organisation	Dates	Role

5. GENERAL EXPERIENCE AND FURTHER INFORMATION *(If necessary please only append 1 additional sheets using font size 12.)* Please use this section to tell us how you meet the requirements of the Job Description/Person Specification. Give as much information as necessary to demonstrate the skills, experience and knowledge you have gained. This could include voluntary work, leisure interests and any other activities you consider relevant to this position.

7. REFERENCES

If you are selected for an interview we will wish to take up references. You must give the name of your present or last employer as one referee. If you are a School, College or University leaver, you should give your head teacher or tutor.

1. **Referee's Name:**
Name & Address
of Company:
Position Held:
Telephone No: **Ext:**
E-mail:

2. **Referee's Name:**
Name & Address
of Company:
Position Held:
Telephone No: **Ext:**
E-mail:

7. DISCLOSURE OF INFORMATION

Rehabilitation of Offenders Act 1974

The position for which you are applying is exempt from the provisions of the Rehabilitation of Offenders Act 1974 and all convictions, whether spent or not, should be disclosed on this form. Applicants should be assured that the information they give will be kept confidential. The *Data Protection Act* requires that personal information is obtained and processed fairly and lawfully; is only disclosed in appropriate circumstances; is accurate, relevant and not held longer than necessary; and is kept securely. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

Have you ever been convicted or cautioned of a criminal offence? Yes/No

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post ? Yes/No

If yes please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked 'Confidential' and addressed to 'The Administration and Development Manager.

A disabled person is defined within the Disability Discrimination Act 1995 as someone having a physical or mental impairment, which has a substantial, long term, adverse affect on his/her ability to carry out normal day-to-day activities.

Do you have (or consider yourself to have) a disability? Yes/ No

If so, are there any reasonable adjustments you require us to consider or make to the intended selection process or for you to be able to attend the interview? Yes/ No

If so, please provide more detail:

If so, are there any reasonable adjustments that you would like/ need us to consider which would assist you in your intended working environment?

DECLARATION I confirm that the information I have given on this form is correct and complete, and that misleading statements may be sufficient for cancelling any agreement made. I understand that, in the event of being offered the post, I will be required to complete a confidential health check declaration in respect of my state of health. Due to the sensitive nature of the duties the post holder will be expected to undertake, I also understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings *and any other information that may have a bearing on my suitability for the post.* I understand that an enhanced disclosure will be sought in the event of a successful application.

Signature _____ Date _____