

# SKOOL'S OUT ACTIVITIES SCHEMES



## BEDFORD & DISTRICT CEREBRAL PALSY SOCIETY

Registered Charity No. 207386

B.D.C.P.S., Bedford Centre for Voluntary Services, 43 Bromham Road, Bedford, MK40 2AA

Tel: 01234 351759, E-mail bedscpsociety@tiscali.co.uk

### APPLICATION FOR EMPLOYMENT

You should complete this form in **DARK INK** or **TYPE**

Please return this form to:

Application for the post of: \_\_\_\_\_

How did you learn of this vacancy? \_\_\_\_\_

(if advertisement seen, give name of publication) \_\_\_\_\_

#### ■ Personal Details

Surname: \_\_\_\_\_

Address \_\_\_\_\_

Forenames: \_\_\_\_\_

\_\_\_\_\_

D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

Tel. (Home): \_\_\_\_\_

\_\_\_\_\_

Tel. (Mobile): \_\_\_\_\_

Postcode: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### ■ Education

Schools

Examinations passed with Grades

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ■ Further education and Training (please give details of courses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



For office use only: Date sent out: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Job Reference number: \_\_\_\_\_

■ **Professional Qualifications**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Professional bodies of which you are a member of** ( with membership level)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

■ **Present or last employer**

Employer's name, address and type of establishment

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Job Title: \_\_\_\_\_

Date commenced: \_\_\_\_\_

Current Salary: \_\_\_\_\_

Notice Required: \_\_\_\_\_

■ **Duties and achievements** (continue of a separate page if you wish)

■ **Previous employment and other relevant experience** (Please enter most recent employment first including any voluntary or unpaid work. Also account for any breaks in employment. Continue on a separate sheet if you wish)

Employer's name and address	Post or experience	From date	To date	Reason for leaving



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■ **References.** Please give the names and addresses of two referees who can be approached.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Association: \_\_\_\_\_ Association: \_\_\_\_\_

May we approach referee prior to interview?

Reference 1. YES  NO

Reference 2. YES  NO

**Times available for interview (PLEASE TICK)**

TIME	MON	TUES	WEDS	THURS	FRI	SAT
AM						
PM						
EVE						

1. Have you had any criminal convictions? YES/NO (if yes, please give details on separate sheet)

N.B. Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitations Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1974. Applicants are not entitled therefore, to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. This post is working with vulnerable people therefore a Criminal Records Bureau may be required. Any information given will be completely confidential.

2. I am prepared to undergo a medical examination if requested

3. I hereby declare that the information given in this form is, to the best of my knowledge, correct and gives an accurate representation of my application and employment history.

Any fabrication may lead to dismissal if appointed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

■ **Driving**

Do you have a current Driving Licence? YES/NO

Has it been endorsed? YES/NO

Do you own your own car? YES/NO

Are you MIDAS trained? YES/NO

**For office use only**

Actioned by: \_\_\_\_\_

Actioned by: \_\_\_\_\_

Shortlist:  \_\_\_\_\_

Rejected:  \_\_\_\_\_

Interview:  \_\_\_\_\_

Offered:  \_\_\_\_\_



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Job Reference number: \_\_\_\_\_

Referee 1:  \_\_\_\_\_

Offer letter:  \_\_\_\_\_

Referee 2:  \_\_\_\_\_

■ **General**

Please use this space to provide any further information you may wish to give in support of your application.



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