

Application Form

Job Title: Centre Development Worker

Please complete in black ink or type.

Personal Details (BLOCK CAPITALS please)

Surname	<input type="text"/>	Do you hold a FULL current Driving Licence?	<input type="text"/>
Forename(s)	<input type="text"/>	Do you own a car?	<input type="text"/>
Address	<input type="text"/>	National Insurance Number	<input type="text"/>
Postcode	<input type="text"/>	Do you require a work permit?	<input type="text"/>
Email	<input type="text"/>	Telephone Number(s)	<input type="text"/>
		Daytime	<input type="text"/>
		Mobile	<input type="text"/>

Education & Qualifications (from secondary school onwards)

Name of School/College/University	Subjects/Courses followed	Results	Date attended
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Qualifications

Title of body and level of membership.	Dates
<input type="text"/>	<input type="text"/>

Vocational Training

Title of course	Name of college	Length of course	Year of course
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Present / Previous Employment (most recent first)			
Name & address of employer	Job title & main duties	Dates	Reason for leaving

Experience

Please give full details of relevant experience gained in both your present and previous appointments and any experience gained outside paid employment which you feel would be helpful to the position for which you have applied. Please refer to the job description and person specification and relate your experience to the requirements for the post (continue on additional sheets if necessary).

PLEASE NOTE THAT CVs WILL NOT BE ACCEPTED.

Experience (continued)

The Association is committed to improving opportunities for people with disabilities. If you feel that you could carry out this post with some adjustments, please let us know. If you require particular arrangements made for interview please indicate in this box.

Do you have a disability?

Yes ☐

No ☐

Under the Disability Discrimination Act, disability is defined as a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out their normal day-to-day activities.

Please describe the nature of your disability.

Please give full details of any sickness absence you have had in the last 2 years.

No. of days

No. of occasions

Reasons

Have you ever been convicted of an offence?

☐ YES

☐ NO

Under the terms of the Rehabilitation Act 1974, you need NOT reveal:

- a) a sentence of imprisonment between 6 months and 2.5 years - after 10 years
- b) a sentence of less than 6 months - after 7 years
- c) a sentence of Borstal training - after 7 years
- d) a fine or other sentence - after 5 years
- e) an absolute discharge - after 6 months

Do you have a DBS certificate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, please provide DBS Certificate No:		Date of certificate	

Are you related to any trustee or employee of West Watford Community Association?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so please give details.	

REFEREES. State names and addresses of TWO managers/supervisors.

Please ensure one is your PRESENT and/or PREVIOUS EMPLOYER. If this is your first role, please provide two personal references. These must be people who have known you for a minimum of five years and not be family members.

Name		Name	
Position/ relationship		Position/ relationship	
Address		Address	
Postcode		Postcode	
Telephone No.		Telephone No.	
Email		Email	

Can we contact this referee prior to interview? <input type="checkbox"/> YES <input type="checkbox"/> NO
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Can we contact this referee prior to interview? <input type="checkbox"/> YES <input type="checkbox"/> NO
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This application will be processed within the terms specified by the Data Protection Act 1998. You hereby explicitly consent to the West Watford Community Association collecting, holding and otherwise processing personal data (including 'sensitive' personal data) relating to you for the purposes necessary within our recruitment and selection process.

I declare that the information I have given in this application form is true to the best of my knowledge. I understand that if I have knowingly provided false information or canvassed a trustee of the West Watford Community Association in support of my application, I may be disqualified or dismissed after appointment.

Signature		Date	
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