

CONFIDENTIAL**APPLICATION FORM**Registered Charity No. 1030968
Company Registration No. 2872186

Return this form to:

H R Department
 Cambridgeshire Mencap
 Edmund House
 9 Church Lane
 Fulbourn
 Cambridge
 CB21 5EP Tel: 01223 883130

POST APPLIED FOR:

CLOSING DATE:

PERSONAL

Please complete legibly in your own handwriting in black ink.

Surname		Forename(s)		Date of Birth
Address			How do you wish to be addressed: MR/MRS/MISS/MS other	
Daytime Tel No.		Evening Tel. No		National Insurance No.
Do you need a work permit to work in the UK? YES/NO		Have you got a current driving license? YES/NO If YES give details, including any endorsements eg. car, HGV, PSV etc		
Do you own a car or any other means of transport?		Date license issued:		

EDUCATION

Schools Attended	Dates From/To	Qualifications attained (including grades)
Colleges/Universities Attended	Dates From/To	Subjects taken and Qualifications attained
Other Training/Qualifications/Membership of Professional Bodies/Apprenticeships/Special Courses, etc., please include dates where appropriate.		

EMPLOYMENT HISTORY (current or most recent employer first)

Please include temporary posts and work experience

FROM – TO	NAME AND ADDRESS OF EMPLOYER	JOB TITLE AND DUTIES	FINAL SALARY & REASON FOR LEAVING

If you have a disability, please tell us about any adjustments we may need to make to assist you at interview:

Notice requirement in current post:

REFERENCES

Please note here the names, addresses and telephone numbers of two persons from whom we may obtain references. **One reference must be from your current or most recent employer and will not be sought without your authority.**

N.B. The second reference can be from a previous employer or a character reference from an alternative source and should be someone you have known for more than two years.

1. EMPLOYER REFERENCE

Name:
Occupation
Address:

Postcode:
Tel No:
Fax No:

2. 2nd EMPLOYER/CHARACTER REFERENCE

Name:
Occupation:
Address:

Postcode:
Tel No:
Fax No:

May we approach these referees now? YES/NO

LEISURE

Please note here your leisure interests, sports, hobbies and other pastimes etc. including positions of responsibility held.

ATTENDANCE & RELIABILITY

Please state how many days you have been absent from work due to sickness during the last 12 months, please also state the number of occasions.

GENERAL COMMENTS

Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application.

Please continue on a separate sheet if necessary.

Have you ever applied to Cambridgeshire Mencap before? (Please give dates and details)

How did you learn of this vacancy?

THE REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

By virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, the provisions of Section 4.2 of the Rehabilitation of Offenders Act do not apply to any employment which is concerned with the provision of health services and which is of such a kind as to enable the holder to have access to persons in receipt of such services in the course of his/her duties. Your answer to the following question should include any "spent" convictions.

Have you ever been convicted of a criminal offence or received a caution, reprimand or warning?
YES/NO

If YES, please give details.

Date	Place	Offence	Sentence

Under the Care Standards Act 2000 all posts in Care Services are now subject to a CRB check and since the 26th July 2004 a POVA check.

GENERAL

If any of the following situations apply, please confirm and give details:

Are you related to a Member or Employee of Cambridgeshire Mencap? Yes/No
 Do you have any business and/or financial interest which may conflict with the duties of this post? Yes/No
 Do you receive any type of pension? Yes/No

DECLARATION (Please read this carefully before signing this application)

I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, dismiss without notice.

I agree that the information provided in this application form may be processed by the employer in relation to my application for this post to assist in the decision making process. I further expressly agree that, should it be necessary to validate any of the information provided herein, the employer may release this information for verification purposes. If successful in my application it is agreed that any information provided will be retained by the employer in a secure confidential file and the contents only used for necessary business purposes subject to my express consent for disclosure where necessary.

Signed

Dated

CANVASSING

If any applicant attempts to influence an Officer's/Member's decision on appointments outside the selection procedure itself, his or her application will be disqualified.

FOR OFFICE USE ONLY

DATE RECEIVED:

Reason for Rejection

1. Exper	4. Know.	7. Skills.
2. Qual.	5. Circs.	8. Phys.
3. Trng	6. Disp.	9. Other.

1st Interview Date

2nd Interview Date

Notes on Interviews/Short Listing Comments: