



Parents for Children - Application for Appointment

CONFIDENTIAL

Post applied for

Date of interview

Please complete and return to

Edwina Brocklesby, Director

Parents for Children

3 Angel Gate

326 City Road

London EC1V 2PT

Personal details

Surname/Family name(s) and title (Mr, Ms, Miss, Mrs etc)

First name(s)

Home Address

Telephone Nos – please state times available

☎ Home

☎ Work

☎ Mobile

Fax

Email

Are you required to hold a Work Permit Yes/No
If so, do you hold a Work Permit Yes/No

Do you hold a current driving licence? Yes/No Do you own a car? Yes/No

Education

School/College attended (Please state whether full-time or part-time)

School/college

Qualifications (Please include grade)

College/University

Qualification

Present/most recent employment

Name and address of employer

Job held Line Manager

From To Notice required

Basic salary/wage Other allowances

Brief description of duties/responsibilities

Other employment/career history

Please give the most recent first and provide full details of all paid and unpaid employment and breaks since leaving full-time education.

From To Employer's name and address Position held

Training and development

Please give details of all education/training and development qualifications **relevant** to the post

Information – experience, knowledge, skills and abilities

Please explain how your experience, knowledge and skills gained in paid or unpaid work, study or training meet the criteria in the job description. Attach additional sheets if necessary.

References

Please give the name and address of two people who can provide an assessment of your suitability for this position. If you are currently employed, you are asked to give your current employer and your previous employer. Otherwise your two most recent employers. For some posts references will be required before the interview.

Reference 1 – Current employer

Name & Address

Telephone No

Fax No

Email

Name of Line Manager/Department

Your position

Period of employment

Reference 2 – Previous employer

Name & Address

Telephone No

Fax No

Email

Name of Line Manager/Department

Your position

Period of employment

May we contact your current employer?

YES/NO

May we contact your previous employer?

YES/NO

Health

Are you disabled?

YES/NO

If Yes, please give details and specify any special needs in relation to your disability.

Please record instances of absenteeism:

This year

days

Last year

days

Previous year

days

Has there been any medical reason for leaving a job?

YES/NO

Please indicate any pre-booked holiday/appointments during the current year:

REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS) ORDER 1975:

This post is covered by the above Order. You are therefore required to declare any convictions or cautions you may have, even if they would otherwise be spent under the Rehabilitation of Offenders Act, 1974.

Do you have any previous convictions which you are required to disclose? YES/NO

If yes please supply details below, or, if you prefer, on a separate sheet.

Please outline your particular interest in this post, indicating what you hope to achieve and what you feel you can offer the Agency. Continue on a separate sheet if you wish.

I declare to the best of my knowledge the information given on this form is correct.

Signature

Date