**Application Form**Please type your answers or write clearly in black ink. Please return your completed application to the HR Consultant by email (karenmweaver@icloud.com) or post to York Carers Centre, 17 Priory Street, York, YO1 6ET.

**Post Applying For:**

**Secondary Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **School** | **Dates** | **Qualifications** (include subjects and results) | **Awarding Body** |
| **From** | **To** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Further and/or Higher Education**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Dates** | **Qualifications**(include subjects and results) | **Awarding Body** |
| **From** | **To** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

**Occupational / Professional Training, Qualifications and Associations**

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution** | **Dates** | **Qualifications/Associations**(include subjects and results) | **Awarding Body** |
| **From** | **To** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

 **Details of volunteering or relevant outside interests**

|  |  |
| --- | --- |
| **Dates** | **Details and organisation volunteered for** |
| **From** | **To** |
|       |       |       |
|       |       |       |
|       |       |       |

# **Employment History**

Please provide a minimum of 10 years employment history with explanation for any gaps.
Please start with your current or most recent employer.

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per       | £       per        |       |
| Duties and Responsibilities |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per        | £       per        |       |
| Duties and Responsibilities |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per        | £       per        |       |
| Duties and Responsibilities |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per        | £       per        |       |
| Duties and Responsibilities |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per      . | £       per      . |       |
| Duties and Responsibilities |
|       |

|  |  |  |
| --- | --- | --- |
| Name of Employer | Business Type | Address |
|       |       |       |
| Job Title | Hours | Start Date | End Date | Notice Period |
|       |       per week |       |       |       |
| Starting Pay | Finishing Pay | Reason for Leaving |
| £       per        | £       per        |       |
| Duties and Responsibilities |
|       |

Do you have any other work or commitments that you plan to continue if employed by York Carers Centre? Yes/No If YES, please provide details (including hours per week):

# **Supporting Statement**

Please describe how you meet the criteria for the post as outlined in the Person specification.

|  |
| --- |
|       |
| Continue on **one A4 page** if necessary, but **please do NOT include your CV**. |

 **Personal Details**

Personal details will be separated from the Application Form prior to shortlisting and will not be submitted to the selection panel.

**Post Applying For:**

**If this role is full-time, are you wishing to apply on a job share basis?** **Yes/No**

|  |  |  |
| --- | --- | --- |
| Title | First Name | Surname |
|       |       |      |
| Previous Surname | Known As | Date of Birth | National Insurance No |
|       |       |       |       |
| Address |
|       **Post Code:**  |
| Email Address | Telephone Number |
|       |        daytime/evening        daytime/evening  |

|  |  |
| --- | --- |
| Have you ever lived or worked overseas? | Do you have the right to work in the UK? |
| Yes/No | Yes/No |
| Do you require a work permit if you are successful in your application? | If your answer to any of these questions was ‘Yes’, please provide details |
| Yes/No |       |

|  |
| --- |
| Do you have a previous personal or professional relationship with a member of staff or Trustee of York Carers Centre? (if ‘Yes’, please provide details) |
| Yes/No      |

## **Emergency Contact / Next of Kin**

|  |  |
| --- | --- |
| Full Name | Relationship to You |
|       |       |
| Address |
|       **Post Code:**  |
| Email Address | Telephone Number(s) |
|       |       daytime/evening       daytime/evening  |

## **Referees**

Please provide two people who we may contact for a reference on your suitability for the role. One must be your most recent line manager or supervisor, and the second should also be a previous manager/supervisor, or failing that, someone who knows you in a formal or professional capacity. Please ask your referee’s permission to give their details before submitting your application.

**First Referee:**

|  |  |
| --- | --- |
| Full Name | Relationship (e.g. Manager) |
|       |       |
| Business Address |
|       **Post Code:** |
| Email Address | Telephone Number |
|       |       daytime/evening  |

**Second Referee:**

|  |  |
| --- | --- |
| Full Name | Relationship (e.g. Manager) |
|       |       |
| Business Address |
|       **Post Code:** |
| Email Address | Telephone Number |
|       |       daytime/evening  |

[ ]  I declare that the information provided in this document is accurate and true to the best of my knowledge. I understand that I may be dismissed if this is not the case, and that canvassing (directly or indirectly) will automatically invalidate my application.

[ ]  I understandthat the information on this application form will be used to process my application for employment and if appointed will form the basis of my personnel record with York Carers Centre. I consent to York Carers Centre storing and processing my personal data in accordance with the Data Protection Act 1998.

**Signed** **Date**

**Where did you see this post advertised?** [ ] Indeed [ ]  York Carers Centre website [ ]  Other