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| **APPLICATION FOR EMPLOYMENT** | |
| ***PRIVATE & CONFIDENTIAL***  Return this form to: [recruitment@ymcaworcestershire.org.uk](mailto:recruitment@ymcaworcestershire.org.uk)  OR post to: Worcestershire YMCA, HR Department, 53 Gordon Anstis House, Loxley Close, Church Hill, Redditch, B98 9JS  **POSITION APPLIED FOR:** | |
| Title: | Schools & Qualifications gained |
| Surname: |
| Forename(s):  Please underline the name by which you like to be known. |
| Address:  Postcode:  Email address:  NI No. |
| Tel. Nos (please include code):  (Home)  (Work)  (Mobile) |
| Full current clean driving licence? Y/N  Groups: | College/University & Qualifications gained  Use a continuation sheet, if required. |
| Are there any restrictions on you taking up work in the UK? (If Yes, please provide details). | Other training:  Use a continuation sheet, if required. |

**PREVIOUS EMPLOYMENT**

Please list paid employment over the past five years: Please use a separate sheet if necessary.

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| From – To | Name of Employer | Job Title & Duties | | Reason for leaving | |
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| **LEISURE/VOLUNTARY ACTIVITIES**  Please note here any of the above that are relevant to the post | | | | | |
| **OTHER EMPLOYMENT**  Please note any other employment you would continue with if you were to be successful in obtaining this position. | | | | | |
| **APPLICATION FOR EMPLOYMENT** | | | | |
| Please detail here your specific reasons for making this application  Please detail how you meet the requirements in the person specification, illustrating your skills and experience with examples drawn from your paid or voluntary work, academic study or life experiences. | | | | |
| **CAUTIONS, REHABILITATION AND CRIMINAL RECORDS**  **Depending on the vacancy you are applying for you may be required** to submit to a standard or enhanced Disclosure and Barring Service check. Any disclosure made by DBS will remain strictly confidential.  If you are applying for a role that involves working with children and/or vulnerable adults, you will need to provide us with details of any convictions/cautions. For any other roles this is not applicable.   1. Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence?   If YES, please give details (or state NO): | | | | |
| **SPECIAL REQUIREMENTS**  If this position involves the care of children and/or vulnerable adults, employment is dependent upon the following:   1. Your consent to obtaining an enhanced disclosure from the Disclosure and Barring Service or an approved umbrella body. 2. Such disclosure being acceptable to the company. 3. Proof of identity including a photograph – birth certificate, passport, driving licence (photo card and paper counterpart), proof of national insurance number and proof of address. 4. Two satisfactory written references. | | | | |
| **REFERENCES**  Please provide details of two referees who can provide information relating to your competency, one of whom must be your present or most recent employer. If you are a student, please give an academic referee.  If you are applying for a post which requires unsupervised access to children/vulnerable adults, the company reserves the right to approach any past employer for a reference. | | | | |
| Name: | | | Name: | |
| Position: | | | Position: | |
| Organisation: | | | Organisation: | |
| Address: | | | Address: | |
| Postcode: | | | Postcode: | |
| Tel No. | | | Tel No. | |
| In what capacity is the referee known to you? | | | In what capacity is the referee known to you? | |
| May the company approach the above prior to interview? | | | May the company approach the above prior to interview? | |

Declaration

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.  
  
2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.  
  
3. I agree that should I be successful in this application, I will, if required, apply to the Disclosure and Barring Service for a relevant disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated

Signed: ………………………………………………… Date: ……………………………………