



Newport Women's Aid Application Form

Post Applied for:

Closing Date:

Please complete this form fully using **black ink or type**. CVs are not acceptable. Applications received after the closing date will not be considered.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

Personal details

Last Name: **First Name:**

Address:

Postcode:

Home Telephone No **National Insurance No**

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone No

Mobile Telephone No

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

Driving Licence Yes No
Do you hold a full, clean driving licence valid in the UK?

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Present Employment

Present Employment (If currently unemployed give details of last employer)

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment: **Salary:**

Department / Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice: **Last day of service** (if no longer employed):

Reason for leaving:

Previous Employment

Previous Employment (most recent employer first). Please cover the last 10 years and state nature of business

Name of Employer:			
Address:			
	Postcode		
Position Held:			
Dates of Employment: From:		To:	
Summary of duties:			
Reason for leaving:			

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Address:			
		Postcode	
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Reason for leaving:	
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Continue on a separate sheet if necessary

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

Continue on a separate sheet if necessary

Professional Qualifications

Please give details:

Professional Qualifications	Details of course

Membership of any Professional Associations - Please state level of Membership:

Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Duration of Course

Continue on a separate sheet if necessary

Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the person specification. This information will be used for shortlisting so please ensure that you refer to the specification and job description when completing this section. Please also explain your reasons for applying for this position. If you are or have been involved in voluntary/unpaid activities, also include this information. Attach and label any additional sheets used.

Rehabilitation of Offenders Act 1975 (Exceptions) Order

Do you have any criminal convictions or cautions

(The post for which you are applying requires contact with vulnerable adults and children, you are therefore required to reveal any criminal convictions or cautions, including those which would normally be regarded as spent)

Yes

No

If yes, please give details / dates of offence(s) and sentence:

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Please note that a disclosure from the Criminal Records Bureau will also be required and if you are successful you will be asked to complete a disclosure application. Failure to declare a conviction or caution at this stage will result in summary dismissal from this position.

References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone No

E-mail:

Name:

Position (job title):

Work Relationship:

Organisation:

Address:

Postcode

Telephone No

E-mail:

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Health

Number of days sickness absence in the last 2 years:

Please state number of occasions of absence in the last 2 years:

Applicants Declaration

I hereby certify that:

- **all the information given by me on this form is correct to the best of my knowledge**
- **all questions relating to me have been accurately and fully answered**
- **I possess all the qualifications which I claim to hold**

Signed:

Date:

Please return completed application forms to:

**Private and Confidential
Operations Manager
Newport Women's Aid
56, Stow Hill
Newport
NP20 1JG**