# job application form

### personal details

Job Title

Please tell us how you heard about this vacancy:

Last Name:

First Name:

Address:

Postcode:

Home Telephone No.

Daytime Contact No.

E-mail address:

National Insurance No.

Are you free to remain and take up employment in the

No

You will be required to provide appropriate documentary evidence of this at interview. For examples of acceptable documents please see www.ukba.homeoffice.gov.uk





### driving license

(If relevant to post applied for)

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

Do you own a car or have access to one? Yes No

You will be responsible for ensuring that you have the necessary vehicle insurance for use on business (if relevant to post)

Have you previously been invited for an interview with, Yes No or employed by YBTC?

If yes, please state position(s) applied for / held:

## convictions/disqualifications

Upon offer of employment we reserve the right to request a Criminal Records Bureau Disclosure at Standard level and this disclosure will include details of cautions, reprimands or final warnings as well as convictions.

Please provide details below of any convictions which are not spent under the terms of the Rehabilitation of Offenders Act 1974:



# education/qualifications

Study Dates Qualification and Grade Date Obtained

School (11+)

College/University

Ongoing Professional Development

### training and development

Please use the space below to give details of any training or non-qualification based development which is relevant to the post and supports your application.

**Training Course** 

Course Details (including length of course/nature of training)

Current Membership of any Professional Body/Organisation Please give details:



# employment history

Pr	evi	ous	Em	ola	vme	nt

Please include any previous experience (paid or unpaid), starting with the most recent first.

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Current or most recent employer	•
Name of Employer:	
Address:	
Postcode:	
Position Held:	
Date Started:	
Date Left:	
Reason for leaving:	
Salary on leaving this post:	
Notice Period	
Brief description of duties:	
Previous employer 1	
Name of Employer:	
Address:	
Postcode:	



Position Held:

Date Started:

Date Left:

Reason for leaving:					
Salary on leaving this post:					
Notice Period					
Brief description of duties:					
Previous employer 2					
Name of Employer:					
Address:					
Postcode:					
Position Held:					
Position neid:					
Date Started:					
Date Left:					
Date Left: Reason for leaving:					
Reason for leaving:					



# health and absence record Please state any periods of absence over the last 12 months giving number of days lost and reasons for each of these. Dates Reason for absence

Continue on separate sheet if necessary to cover the full 12 months prior to application

### information in support of your application

Skills, abilities and experience Please use this section to demonstrate why you think you would be suitable for the post. Please make reference to the job description and person specification (giving examples and case studies to show how you meet these). Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label anv additional sheets used. Continue on a separate sheet if necessary



### 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 referees are.

### Reference 1

Job Title:	
Organisation:	
Address:	
Contact No:	
Email:	
How is this person known to you:	
Do you wish to be consulted before this referee is approached:	Yes No
Reference 2	
Name:	
Job Title:	
Organisation:	
Address:	
Contact No:	

Name:

We reserve the right to contact any of your other previous employers within the last three years.



No

Email:

before this referee is Yes

approached:

How is this person known to

Do you wish to be consulted

### declaration

### Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered:

I agree that Yorkshire's Brain Tumour Charity can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:

Date:

If you return this form by email, you will be asked to sign your application at interview

### availability

Holiday dates booked:

Minimum notice needed to work:

Do you have any regulations on hours you can work:

### submitting your application

By Hand or Post: Marie Peacock Chief Executive Officer YBTC 31 Otley Road Headingley Leeds LS6 3AA By E-Mail: info@yorksbtc.org.uk **Enquiries:** 

Telephone: 0113 3400111

For office use only

Date received:

Received by (initials):

