



ADVOCACY WEST WALES

36 / 38 High Street, High Street, Haverfordwest, Pembrokeshire, SA61 2DA

Tel: 01437 762935

Registered Charity No. 1068440

EMPLOYMENT APPLICATION FORM

POSITION APPLIED FOR:

Personal Details: (Mr/Mrs/Ms/Miss)

FULL NAME:

MAIDEN/FORMER NAME(S):

ADDRESS:

TELEPHONE NO:

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MOBILE NO:

.....

N.I. NO:

POST CODE:

Other Address(es) in the past 5 years

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QUALIFICATIONS AND TRAINING RELEVANT TO THE POSITION APPLIED FOR:

Please give dates & details of qualifications, training courses or relevant experience

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EMPLOYMENT RECORD: (Current or most recent first):

From (Dates)	To	Name of Employer	Position Held
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Please tell us why you feel you are suitable to this position. (Please relate your answers to each of the criteria in the person specification in turn).

REFERENCES:

Please list the contact details for two referees, who should not be related to you, and at least one of which should be your most recent employer or supervisor (where applicable).

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GENERAL:

Do you have a full driving licence? (Y/N) Do you have a vehicle? (Y/N)
(Please note that you will need to produce this)

What period of notice do you need to give your current employer?

What date would you be able to start?

N.B. To comply with statutory regulations, it is necessary to disclose details of any criminal record, or to declare that no such record exists. All details will be held in the strictest of confidence. Possession of a criminal record does not automatically disqualify applicants, but withholding information or making false declaration will be sufficient grounds for instant dismissal should the occasion arise. The Rehabilitation of Offenders Act does not apply in the case of staff working in a care setting. Any successful application will be required to go through the Criminal Records Bureau Enhanced Disclosure.

- DECLARATION: I declare that I do not have a criminal record nor prosecutions pending.
(tick as applicable) I declare that I have a criminal record, details as follows:
 I declare that I have prosecution(s) pending, details as follows:

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Signed:..... Date:.....