APPLICATION FOR EMPLOYMENT

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| POSITION APPLIEDFOR |  | FULL TIMEPART TIME? |  |

* Please complete in BLACK print
* If you wish to send a CV in support of this application, please attach it to the rear of this form
* **DO NOT** send a CV instead of this completed application form as your application will not be considered.

**CONFIDENTIAL**

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| **PERSONAL DETAILS:** |
| TITLE |  | FORENAME(s) |  |
| SURNAME |  | TELEPHONE: |  |
| ADDRESS |  | AREA |  |
| TOWN/CITY |  | POSTCODE |  |
| MOBILE: |  | EMAIL: |  |

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| **EDUCATION AND QUALIFICATIONS** |
| COURSE | INSTITUTE | QUALIFICATIONS | DATE |
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| **PROFESSIONAL QUALIFICATIONS** **Please include courses currently being undertaken** |
| COURSE | INSTITUTION | QUALIFICATION | DATE |
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| **ADDITIONAL TRAINING** |
| COURSE | INSTITUTION | DETAILS | DATE |
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| **EMPLOYMENT HISTORY – Please commence with most recent job** |
| EMPLOYER and Address | POSITION HELD, Duties | DATES | SALARY |
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| **Personal statement****Please demonstrate how you meet the essential and desirable criteria for the post.**(Please use a separate sheet if necessary) |
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| **Hobbies, interests and organisations to which you belong** |
| HOBBY/INTEREST | ORGANISATION |
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| **DETAILS OF CONVICTIONS (other than motoring)** |
| CONVICTION | POLICE AUTHORITY | SENTENCE | DATE |
|  |  |  |  |
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**MEDICAL HISTORY**

**Please tell us of any medical history that you believe we need to be aware of and any support you may need in order to fulfil this role. Please use a separate sheet.**

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| **Disclosure and Barring Service (If more than one, most relevant to the position applied for)** |
| DISCLOSURE NUMBER |  | ENHANCED? | YES | NO |
| DATE OF ISSUE |  |  |  |  |

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| **REFERENCES**Please provide details of people who know you in a professional capacity (current/last employer) |
| **Referee 1** | **Referee 2** |
| NAME |  | NAME |  |
| ADDRESS |  | ADDRESS |  |
| TOWN/CITY |  | TOWN/CITY |  |
| POSTCODE |  | POSTCODE |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Capacity in which known |  | Capacity in which known |  |

I declare that the details given in the application are, to the best of my knowledge and belief, true and accurate. I agree to Bethel Health &Healing Network contacting my referees to support this application and release them from any liability which may arise in obtaining this information.

Signed Date

Please return this form by email to:

 iram@bethelnetwork.org.uk

Bethel Health and Healing Network