

APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

YOUR PERSONAL DETAILS

NAME	
HOME ADDRESS	
POSTCODE	
TELEPHONE	Home
	Mobile
E-MAIL ADDRESS	
NI NUMBER	

POST YOU ARE APPLYING FOR:

JOB TITLE	
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SPECIAL REQUIREMENTS

Please state what reasonable adjustments, due to a disability or health condition, could be necessary to enable you to attend for interview or to take into account when considering your application.

N/A

RECRUITMENT ADVERTISING

Please tell us how you came to know about this vacancy



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FOR OFFICE USE ONLY

APPLICATION REF. ID	
DATE RECEIVED	
DATE TO HR	
AUTH	

APPLICATION FOR EMPLOYMENT

EDUCATION				
School / College / University	Dates		Subjects / Course Title	Qualification / Grades
	From	To		

CONTINUING PROFESSIONAL DEVELOPMENT				
Other relevant training / courses completed	Dates		Subjects / Course Title	Qualification / Grades
	From	To		

MEMBERSHIP OF PROFESSIONAL BODIES		
ORGANISATION	Start Date	Details

APPLICATION FOR EMPLOYMENT

EMPLOYMENT HISTORY

Please give a full employment history starting with the current or most recent post(s), explaining any gaps:

Current MAIN or most recent MAIN employment

Employer Full address	Post Held	Dates		REASON for leaving / gap in employment
		From MM/YY	To MM/YY	
	Current Duties			

PREVIOUS EMPLOYMENT

Employer	Post Held	Dates		REASON for leaving / gap in employment
		From MM/YY	To MM/YY	

OTHER INFORMATION*

Please refer to relevant Person Specification

Do you have regular access to a car for work purposes with a full driving licence (where this applies in the Person Specification)?

Yes ☐ No ☐
Please tick appropriate box

Please detail any points on your licence (number, expiry, reason):

**Are you able to work unsocial hours?
Some posts require weekend or evening work.**

Yes ☐ No ☐
Please tick appropriate box

REHABILITATION OF OFFENDERS ACT 1974

All posts at the MS Therapy Centre (NW) are exempt from the Rehabilitation of Offenders Act 1974 and may involve contact with children, young people and/or vulnerable adults. A satisfactory CRB Disclosure or equivalent will be required for successful applicants. You should disclose all information of criminal convictions (if any) in a Court of Law. In the event of employment, failure to disclose this information may result in dismissal.

Have you ever been convicted of a criminal offence (other than a motoring offence) which is not a 'spent' conviction within the meaning of the Rehabilitation of Offenders Act 1974?

Yes ☐ No ☐
Please tick appropriate box

If YES, please give details:

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YOUR SUPPORTING STATEMENT

This page will be used to sift applications at short listing stage. With specific reference to the **Job Description** and **Person Specification**, please outline any qualifications, skills, knowledge and experience which you can offer to support your application for this post.

Please do NOT attach your CV. **Please restrict your response to this page only.** Thank you.

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EMPLOYMENT REFERENCES

Please supply details of two referees who can comment on your suitability or otherwise for the job for which you are applying. One of these should be your most recent employer. The MS Therapy Centre (NW) will always contact these referees before making any appointment.

NAME (1)		
ORGANISATION		
ADDRESS		
TELEPHONE		
e-MAIL		
POSITION (e.g. my line manager)		
May we contact this person prior to interview?		Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick appropriate box

NAME (1)		
ORGANISATION		
ADDRESS		
TELEPHONE		
e-MAIL		
POSITION (e.g. my line manager)		
May we contact this person prior to interview?		Yes <input type="checkbox"/> No <input type="checkbox"/> Please tick appropriate box

DECLARATION


Please check through the application. Return your application by noon on the stated deadline date to:

comms@mstherapynw.org

with e-mail subject as APPLICATION.

You are advised to keep a copy of your application for your reference.

I understand that any offer of employment will be made subject to satisfactory references. I declare that the facts contained in this application for employment are, to the best of my knowledge and belief, true and complete. I understand that any false statements may disqualify me from employment or render me liable to dismissal. I also confirm that I have not used AI to answer these questions and that it is all my own work.

	Applicant's full name:	
	<i>Please submit using email account given on page 1</i>	
	Date:	

OFFICE USE ONLY

to be completed on all occasions by all short listing panel members

SIFT	Criteria	Score	Notes
TOTAL			
Progress application? Yes <input type="checkbox"/> No <input type="checkbox"/>		Intls/ Date	