

Application Form

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| Role applied for | Believe Support Advocate | |
| First Name |  | |
| Last Name |  | |
| Address:  Post code: |  | |
| Email address: |  | |
| Home Tel No: |  | |
| Mobile No: |  | |
| Please indicate your preferred method of contact | SMS |  |
| Home |  |
| Mobile |  |
| Email |  |

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| --- | --- |
| Do you have a current driving licence? | YES / NO |
| Do you own your own transport or have access? | YES / NO |

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| --- | --- |
| Do you have any unspent criminal convictions? | YES / NO |
| If yes, please give details |  |

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| --- | --- |
| Do you have a current DBS check?  (within the last 6 months)  If yes, please give details below: | YES / NO |
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| --- | --- | --- | --- | --- |
| Employment History | | | | |
| Company Name | Position | Dates  To - From | Responsibilities | Reason for leaving |
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| Please give a brief details of any paid or unpaid work experience, relevant to this role; |
| What particular skills/qualities do you think you will bring to this role? |

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| Please list any relevant training including short courses undertaken or currently involved with: |

|  |  |
| --- | --- |
| Course title and content | Date and length of training |

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| Please provide a brief personal statement about what interests you in working for Her-Place Charitable Trust. |

Please give the names and contact details of two people who are not related to you, who can be contacted for reference purposes:

|  |  |
| --- | --- |
| Name:  Address:  Tel. No:  Email address:  In what capacity is this person known to you? | Name:  Address:  Tel. No:  Email address:  In what capacity is this person known to you? |

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| My signature confirms that all the information given on this application form is true and complete.  Signature  Date |

Please return this form to:

HR Department

64 Beech Drive, Wistaston, Crewe, CW2 8RG

OR

Email: hr@her-place.co.uk