Application Form
Confidential

Post Applied For:	Closing Date:
Reference Number:	Date Sent:
Please state where you saw this post advertised:	

General Guidance

Please complete this form writing clearly in BLACK INK or type.

This form must be completed in full. Please see the attached guidance. If you have any difficulties please contact us on 0161 480 1211. A 'Word' version can be emailed.

You may submit a CV however this must be IN ADDITION to completing this form.

PART A Personal Information

Title, please specify:	Forename(s):	Surname:
Home Address:	Email address: Telephone:	
Are you a car owner: Yes ◯ No ◯	Do you have a current driving licence: Yes ◯ No ◯	Do you have a clean driving licence: Yes ◯ No ◯

Evidence of eligibility to work in the UK:

If a UK national please provide National Insurance Number:	If not a UK national please confirm if you will require a work permit or right to work visa:

PART B Present or Last Employment

Present / most recent employer: address and nature of business	Dates		Position held and KEY duties and responsibilities (add further sheet if necessary)	Reason for wishing to or having left
	From	To		
Current / most recent salary:				
Period of notice required:				

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PART C Work History

Give details of your previous work history (including voluntary or unpaid work) beginning with the most recent post. *Please note if you are applying to work with **regulated care** we will require details of your previous 15 years work history (including voluntary or unpaid work) and also any reasons for 'gaps' in the 15 year work history.

Employer: address and nature of business	Dates		Position held and nature of duties	Reason for leaving
	From	To		

PART D Other Interests

Public Duties: Please give details of any public duties (e.g: P, Local Councillor etc.)

Interest and Hobbies:

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PART E Education & Training					
Schools (attended from age 11)	Dates		Qualifications obtained (O/A, GCE or equivalent)	Date	Grade
	From	To			
Further / Higher Education establishment attended	From	To	Course title	Results inc class of degree	
Professional training/qualifications/membership, with professional body, dates and levels attained:					
Other training / courses attended *relevant to this post*, with dates (work and outside work).					

PART F Interview Arrangements
If you need any particular arrangements to be made in order for you to be interviewed for this position at our premises, please give details

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PART G Supporting Statement

Please complete this section in all cases and use it to demonstrate how your skills, experience and personal qualities meet the requirements of the **job description** and **person specification**.

It is acceptable to complete and attach a word document in response to this section if preferred.

Supporting Statement below / attached:

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PART H DBS and Rehabilitation of Offenders Act

Please note that due to the nature of the duties the post that you have applied for is excused from the Rehabilitation of Offenders Act 1974, which means disclosure is needed. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. See the Guidance Sheet for more information.
Only relevant convictions and other information will be taken into account so disclosure will not necessarily debar you from employment with this organisation.

Do you have any unspent convictions, cautions, reprimands or warnings?

YES ◯ **NO** ◯

If you have answered yes to the above, please give details of offences, penalties and dates on a separate sheet in an envelope marked confidential and for the attention of the Chief Executive.

The appointment is or may be subject to a DBS check) and the applicant will be kept clearly advised at each stage of the process. See Guidance sheet for more information.

PART I References

Please give names and addresses of at least two people (other than relatives or friends) with knowledge of you and your work to whom application for a professional reference can be made.

Please ensure your referees know and have agreed to you giving their name as it will help us to get a timely response when we make contact.

Present or most recent employer: Required in all cases

Name:	Full Address (inc Postcode):
Title/Position: Relationship:	
Telephone:	
Fax:	Email:

Other Referee: NOTE: must also be a work reference if applying to work in regulated care.

Name:	Full Address (inc Postcode):
Title/Position: Relationship:	
Telephone:	
Fax:	Email:

May we approach your present employer for a reference before interview? **Yes** ◯ **No** ◯

If no please ensure you give other referees (below). No offer of employment will be confirmed until two references, including your current / most recent employer, have been received.

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Other Referee:	
Name:	Full Address (inc Postcode):
Title/Position: Relationship:	
Telephone:	
Fax:	Email:

DECLARATION

Confidentiality: In accordance with the Data Protection Act 1998, the personal details submitted with this application form will be used only for selection and interview procedures and for employment records if successful. Please see our **PRIVACY NOTICE** enclosed.

Additional Information: Please provide any additional information that is relevant to this application on an additional sheet.

Relationships: Please note that this includes declaring whether you are in a personal relationship with any existing person in the organisation.

Please read the following statements and sign below:

(1) I certify that to the best of my knowledge, the information given on this form and on any attached supplementary pages is correct and complete; I have omitted nothing that, to the best of my knowledge, might affect this application; and I acknowledge that misleading statements may be sufficient for cancelling any agreements made.

(2) I understand that the declaration will include details of any criminal convictions, cautions, reprimands and final warnings. I understand too that a DBS Disclosure will be sought in the event of a successful application.

(3) I agree that Age UK Stockport has the right to validate any of the information.

(4) If this document is being sent digitally I agree that by sending the form this constitutes my agreement to the above statements in place of a signed physical copy.

Signature **Date**

When completed and signed please mark 'Recruitment Confidential' and:

Email to HR@ageukstockport.org.uk

or send or deliver to: The HR Manager, Age UK Stockport, Commonweal, 56 Wellington Street, Stockport SK1 3AQ

Application forms must be returned **no later than 12 midday on the closing date stated**.

Please note that your application will not be acknowledged unless you send a stamped addressed envelope.