**Job Application Form**

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| **Title of Post:** | | | | | |
| Please return completed form to: Age UK Kensington & Chelsea  1 Thorpe Close  London W10 5XL | | | | | |
| **PERSONAL DETAILS Telephone** | | | | | |
| Surname:  First name(s):  Address: |  | | Telephone:  Mobile:  Email: | |  |
| Are there any restrictions on you taking up employment in the UK? Yes □ No □  (If yes, please provide details) | | | | | |
| **EDUCATION** Aged 16 onwards(you will be required to produce evidence to support your statement prior to appointment) | | | | | |
| **Examinations/Degrees passed** | | **Dates** | | **Name of College/school** | |
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| **EMPLOYMENT HISTORY** Details of all previous employment, most recent first (continue on a separate sheet if necessary) | | | |
| **Job title and main responsibilities** | **Name of employer** | | **Employment dates and reasons for leaving** |
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| In addition, please list any other skills, training received and courses attended that may be relevant to your ability to undertake this role: | | | |
| **EMPLOYMENT** | | | |
| Please summarise the main duties and responsibilities in your current or most recent job: | | | |
| **FINAL SALARY** | | | |
| Please give details of your final salary: | | | |
| **LENGTH OF NOTICE** | | | |
| Please give length of notice required: | | | |
| **SUITABILITY FOR THE POST** | | | |
| Please give a written account of your skills and personal qualifications, which you think, would make you suitable for the post. **You must address each requirement in the person specification.**  Continue on a separate sheet if needed.  **Please use this space to provide any other information you would like to offer in support of your application?** | | | |
| **EQUALITY ACT 2010**  Please indicate if you have any requirements to enable you to attend an interview and your requirements below (e.g. wheelchair access, sign language, etc.) | | | |
| **REFERENCES – One must be your current or most recent employer.** | | | |
| **Name:**  **Relationship to you:**  **Address:**  **Tel Number:**  **e-mail:**  **May we contact them at this stage?** | | **Name:**  **Relationship to you:**  **Address:**  **Tel Number:**  **e-mail:**  **May we contact them at this stage?** | |
| I declare that, to the best of my knowledge, the information given in this form is correct.  **Signature: Date:** | | | |