

The Bradbury Centre

16-18 Kingston Road

Portsmouth

Hampshire

PO1 5RZ

Tel: 023 9286 2121

Fax: 023 9288 3523

E-mail: [reception@ageukportsmouth.org.uk](mailto:reception@ageukportsmouth.org.uk)

**(Strictly Confidential)**

POST APPLIED FOR: ……………………………………………………………………………………………………………………………………….

Please complete **clearly** and return to the above address.

**PERSONAL DETAILS**

Title: Pronouns:

First Name: Surname:

Preferred name:

Address and postcode:

Email Address:

Telephone Number: National Insurance Number:

**EDUCATION- SECONDARY EDUCATION**

|  |  |  |
| --- | --- | --- |
| Schools (Name and Town) | From | To |
|  |  |  |

**FURTHER OR HIGHER EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| College or University | Course Attended | Full or Part Time | From | To |
|  |  |  |  |  |

**QUALIFICATIONS** – include school exams, degrees, diplomas and professional examinations.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Examination/Qualification | Grade | Date Obtained | Examination/Qualification | Grade | Date Obtained |
|  |  |  |  |  |  |

**MEMBERSHIP OF PROFESSIONAL INSTITUTES**

|  |  |  |
| --- | --- | --- |
| Name of Institute | Grade | Date Obtained |
|  |  |  |

**PRESENT EMPLOYMENT DETAILS**

Employer’s Name & Address:

Post Code: Email address:

Date Employment Commenced: Present Position:

Notice Period: Salary:

**PREVIOUS EMPLOYMENT –** Please list your employers in chronological order, starting with your current or most recent employer. Please include part time and unpaid work. Please continue on a separate sheet if necessary.

| From | To | Salary | Name & Address of Employer | Title of post held and brief description of duties |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**EXPERIENCE** - Please give details of all experience relevant to the advertised post, include details of any training courses attended (Please attach additional sheets if necessary)

**REASONS FOR APPLYING FOR THIS POST** - (Please attach additional sheets if necessary)

**LEISURE ACTIVITIES** - Please include membership of any clubs and societies

**REFERENCES** – Please give details of two referees, one of these should be your present or most recent employer.

Please mark this box if you **do not** want your referees to be contacted prior to interview

**Referee No.1**

Name:

Address:

Post Code:

Telephone Number: Email:

In what capacity is the referee known to you?

**Referee No.2**

Name:

Address:

Post Code:

Telephone Number: Email:

In what capacity is the referee known to you?

**PUBLIC DUTIES** – Please give details of any public duties you perform eg. JP, local authority member.

**VEHICLE OWNER / DRIVER**

Do you hold a full current driving licence? Yes  No

Do you have any endorsements? Yes  No

Do you own a car? Yes  No

## REASONABLE ADJUSTMENTS

Age UK Portsmouth recognises that those with disabilities or long term health conditions may need adjustments to remove barriers during the recruitment process and subsequent employment and will make adjustments whenever possible.

Do you require any reasonable adjustments to be made during the recruitment process, including interview?

Yes  No

## If yes, please supply details below;

## DECLARATION

The information on this form will be used to select candidates for interview.

If I am appointed I am aware that personal information about me may be computerised for Personnel/ Employee administration purposes, including analysis for management purposes and statutory returns.

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading, or that I have withheld any relevant information, my application may be disqualified or, if I have been appointed, I may be dismissed

**Signature of applicant**: **Date**:

Please return this form to: Age UK Portsmouth

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16-18 Kingston Road

Portsmouth

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Alternatively, you may return this form to: reception@ageukportsmouth.org.uk