APPLICATION FORM

Post Applied For: Finance Offer – Maternity Cover

Please Email the Form to: [vacancies@nwljds.org.uk](mailto:vacancies@nwljds.org.uk)

Please read carefully all instructions before completing this form. Please use BLACK ink, ballpoint pen or typescript since it will be necessary to photocopy your application. Please complete in full. You may enclose a curriculum vita for additional information if you wish, but not as a substitute for filling in all sections of the form. Please ensure that the information you provide is correct and accurate. Providing false information is an offence and could result in

* the application being rejected, or
* summary dismissal if you are selected and possible referral to the DfE, and the police (if appropriate).

Post Applied For: Finance Officer

Please Return the Form To: **(vacancies@nwljds.org.uk)**

Please read carefully all instructions before completing this form. Please use BLACK ink or ballpoint pen since it will be necessary to photocopy your application. Please complete in full. You may enclose curriculum vitae for additional information if you wish, but not as a substitute for filling in all sections of the form.

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| --- | --- | --- | --- | --- |
| **1** | Surname (Block capitals) | | ……………………………………………………………………… | |
|  | Other Names | | ……………………………………………………………………… | |
| **2** | Home address in full | | ……………………………………………………………………… | |
|  | (Block capitals) | | ………………………………………………………………………  ……………………………………………………………………… | |
|  | Address for correspondence | | ……………………………………………………………………… | |
|  | if different from above | | ……………………………………………………………………… | |
|  |  | | ……………………………………………… | |
|  | Home Telephone No. | | ……………………………………………………………………… | |
|  | Mobile Telephone No. | | ……………………………………………………………………… | |
| **3** | Date of Birth | …………………… | Nat.Insurance No | ………………………………………. |
| **4** | Do you need a work permit? | | Yes/No | |
| **5** | a) Are you suffering or have  you suffered from any major  illness/industrial injury? | | Yes/No | |
|  | If yes, please specify | | ………………………………………………………………………  ……………………………………………………………………… | |
|  | b) Please state number of days you have been absent from work due to sickness in the past 12 months | | …………………………………………………………………………….. | |

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| **6** | EDUCATION/EXPERIENCE. Please give a brief outline of your education, qualifications, experience and outside interests, and why you think that you are suitable for this post. |
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| --- | --- | --- | --- |
| **7** | **EMPLOYMENT HISTORY.**  Please give as full details as possible. | | |
| Name and address of present or other Position/post From To  Most recent employer month/yr month/yr | | | |
|  | | | |
| **8** | **REFEREES.** Please give the names of two people to whom reference may be made. One referee should normally be your most recent employer. Relatives may not be given as referees. | | |
| Referee 1 Name: ………………………………………………………  Occupation/Status ……………………………….  Address …………………………………………………  …………………………………………………  …………………………………………………  …………………………………………………  Tel. No: ………………………………………………… | | Referee 2 Name: ………………………………………………………  Occupation/Status ……………………………….  Address …………………………………………………  …………………………………………………  …………………………………………………  …………………………………………………  Tel. No: ………………………………………………… | |
|  |  | | |
|  | I hereby declare that I have understood and complied with the requirements laid down in the previous paragraph and I agree that the information given on this form may be used for registered purposes under the Data Protection Act 1984. I have also understood and complied with the provisions concerning the disclosure of criminal convictions. | | |
|  | Signature of Applicant …………………………………………………… | | Date ……………………… |