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| **Please return completed forms to:** [**recruitment@waverleycare.org**](mailto:recruitment@waverleycare.org) |

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| **POST APPLYING FOR** | | |  | | | | | | | | | | | | | |
| **Where did you hear about this vacancy?**  (For example, Waverley Care website, Goodmoves, Facebook, LinkedIn etc.) | | | | | | | |  | | | | | | | | |
| **ELIGIBILITY TO WORK IN THE UK** | | | | | | | | | | | | | | | | |
| **Are you eligible to work in the UK, in accordance with the Immigration & Asylum Act 1999?** | | | | | | | | | | | | | |  | | |
| *Please Note: You must provide documentary evidence that you are entitled to work in the UK.* | | | | | | | | | | | | | |  | | |
| **PERSONAL DETAILS** | | | | | | | | | | | | | | | | |
| **Title** | | |  | | | | **Forename(s)** | | | |  | | | | | |
| **Surname** | | |  | | | | | | | | | | | | | |
| **Address** *(inc. postcode)* | | |  | | | | | | | | | | | | | |
| **Contact Phone Number** | | |  | | | | **Mobile Number** | | | |  | | | | | |
| **Email** | | |  | | | | | | | | | | | | | |
| **QUALIFICATIONS | CONTINUOUS PROFESSIONAL DEVELOPMENT** | | | | | | | | | | | | | | | | |
| **Please list any qualifications you hold (or are working towards) and/or training as part of your continuous professional development you’ve attended that’s relevant to the role you are applying for.** | | | | | | | | | | | | | | | | |
| **Qualification / Subject / CPD** (inc*luding grade)* | | | | **University / Institution / Provider / Body** | | | | | | | | | | **Date/Expected Date Achieved** | | |
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| **PROFESSIONAL BODY MEMBERSHIP** | | | | | | | | | | | | | | | | |
| **Please list details of any membership organisations you are a member of e.g. CIM** | | | | | | | | | | | | | | | | |
| **CURRENT / MOST RECENT EMPLOYMENT** | | | | | | | | | | | | | | | | |
| **Job Title** | | |  | | | | | | | | | **Tick if Current Job** | | |  | |
| **Employer** | | |  | | | | | | | | | | | | | |
| **Start Date** | | |  | | | | **Leave Date** | | | |  | | | | | |
| **Main duties and responsibilities** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Notice Period** | | |  | | | | | | | | | | | | | |
| **Reason for leaving** | | |  | | | | | | | | | | | | | |
| **PREVIOUS EMPLOYMENT** (most recent first) | | | | | | | | | | | | | | | |
| **Job Title** | **Employer** | | | | **Start Date** | | | | **Leave Date** | | | | **Reason for Leaving** | | |
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| **Main duties and responsibilities** | | | | | | | | | | | | | | | |
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| **Job Title** | **Employer** | | | | **Start Date** | | | | **Leave Date** | | | | **Reason for Leaving** | | |
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| **Main duties and responsibilities** | | | | | | | | | | | | | | | |
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| **Job Title** | **Employer** | | | | **Start Date** | | | | **Leave Date** | | | | **Reason for Leaving** | | |
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| **Main duties and responsibilities** | | | | | | | | | | | | | | | |
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| **Additional Employment/Volunteering History** | | | | | | | | | | | | | | | |
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| **SUPPORTING INFORMATION** | | | | | | | | | | | | | | | |
| **Please give details below of your experience, knowledge and skills and explain why you think they are relevant to the requirements of the post by referring to the person specification and job description. Continue on a separate sheet if necessary.** | | | | | | | | | | | | | | | |
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| **Why do you want this specific role and why do you want to work for Waverley Care?** | | | | | | | | | | | | | | | |
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| **REFERENCES** | | | | | | | | | | | | | | | |
| Please give the details of two referees, one should be your current or most recent employer. | | | | | | | | | | | | | | | |
| **Referee 1:** | |  | | | | | | | | | | | | | |
| **Can the reference be contacted** | |  | | | | **Relationship** | | | |  | | | | | |
| **Job Title** | |  | | | | | | | | | | | | | |
| **Address** *(inc. postcode)* | |  | | | | | | | | | | | | | |
| **Email Address** | |  | | | | **Mobile** | | | |  | | | | | |
| **Referee 2:** | |  | | | | | | | | | | | | | |
| **Can the reference be contacted** | |  | | | | **Relationship** | | | |  | | | | | |
| **Job Title** | |  | | | | | | | | | | | | | |
| **Address** *(inc. postcode)* | |  | | | | | | | | | | | | | |
| **Email Address** | |  | | | | **Mobile** | | | |  | | | | | |

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| **DECLARATION** | | | | |
| I declare that, to the best of my knowledge and belief, all of the information that I have given in connection with this application is full and correct in every respect. | | | | |
| **Signature** |  | **Date** |  |
| **DATA PROTECTION** | | | | |
| If successful, this application will be held in the employee’s personnel file for the duration of employment, and for six years after termination of employment, after which it will be destroyed. If unsuccessful, the application will be retained for six months before being destroyed. | | | | |