Application for Employment

Stramash proactively seeks to minimise any restrictions or limitations individuals may face during the application process. If you require the application form to be adapted in any way, please get in contact with marketing@stramash.org.uk for further support. Please complete all sections of this form, including the referees section at the end. Email completed forms to marketing@stramash.org.uk

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| **Post** |
| Post applied for: **Senior Practitioner**  |
| Please tick the relevant box below to indicate which hours you would like to be considered for: |
| Full time |  | Part time |  | Both |  |
| If part time, please indicate preferred hours: |
| Where did you see this post advertised? |

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| **Personal Details** |
| Title:  |
| First name:  | Surname:  |
| Address: Post code:  | Home telephone: Work telephone: Mobile telephone:  |
| Email:  |

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| **Education, Qualifications and Training** |
| **Secondary Education** |
| Subject/Module | Level (e.g. Standard, Int 2, Higher, SVQ) | Category of award (e.g. 1,2,3 A,B,C) | Date obtained |
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| **University/Further Education** |
| Dates from/to | Name of institution | Courses/subjects studied | Qualifications obtained | Class of pass | Date obtained |
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| **Specialised Training e.g. National Governing Body Awards/First Aid/CPD** |
| Training organisation | Course title/Award | Date completed |
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| **Membership of Professional Bodies** |
| Name of institution/body | Class/type of membership | Date joined |
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| **Employment Details** |
| **Current/Most Recent Employment** |
| Employer’s name: |
| Employer’s address: |
| Post held: |
| Start date: |
| Leaving date:*or*Notice required: | Reason for leaving, if applicable: |
| Details of duties and responsibilities: |

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| **Employment History****(List in date order, include extra pages if needed)** |
| Employer’s name:Employer’s address:Post held:Dates of employment:Reason for leaving:Details of duties and responsibilities: |
| Employer’s name:Employer’s address:Post held:Dates of employment: Reason for leaving:Details of duties and responsibilities: |
| Employer’s name:Employer’s address:Post held:Dates of employment:Reason for leaving:Details of duties and responsibilities: |
| Employer’s name:Employer’s address:Post held:Dates of employment:Reason for leaving:Details of duties and responsibilities: |
| **Information in Support of Your Application** |
| Please state in detail why you have applied for this post and how you meet the person specification. Indicate past achievements, experience and personal qualities relevant to your application and what contribution you would expect to make in the post. |

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| **Leisure Time Activities and Interests** |
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| **Work Permit** |
| Do you require a work permit to work in the UK? YES / NO |
| If YES:Do you currently have a work permit? YES / NOIf YES, are there conditions attached, for example start or finish dates? Please specify:If NO, what type of work permit do you require?  |

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| **Driving Licence** |
| Do you hold a current UK driving licence? YES / NODoes your license have category D1? YES / NODoes your license have penalty point endorsements? YES / NOIf YES, please state how many: |

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| **Employee Code of Conduct** |
| Please provide the name of any person with whom you have a relationship or close friendship who is currently employed by Stramash. If applying for joint-funded posts or posts which are linked to an external organisation, you must also provide the name of any person with whom you have a similar relationship or close friendship, and who is employed within that organisation. |
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| **Absence** |
| Give details of all sickness absence over the last 2 years |
| From | To | Reason |
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| **Health** |
| Do you have a disability, as defined by the Disability Discrimination Act 1995 (as amended), which might be relevant to your carrying out the duties of the post? (The Act defines a disability as “A physical or mental impairment which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”).  YES / NO |
| If YES only: Would the provision of any aids or modifications assist you in carrying out these duties? YES / NOIf YES only: Please give details: |

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| **Rehabilitation of Offenders Act 1974** |
| Have you ever been convicted of any criminal offences which are not yet spent under the Rehabilitation of Offenders Act 1974?YES / NOIf YES, please provide details in a sealed envelope marked “Strictly Confidential”.Note:Ex-offenders will be considered on an individual basis and the nature of their offence will be taken into account in the recruitment decision. |

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| **Canvassing** |
| Canvassing of members of the Board of Directors or employees of Stramash directly or indirectly in connection with any appointment under Stramash shall disqualify employment. |

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| **Declaration** |
| **IMPORTANT – READ CAREFULLY BEFORE SIGNING THE DECLARATION**I certify that all statements given above by me on this form are true and correct to the best of my knowledge. I realise that if I am employed and it is found that such information is false or that I have withheld information, I am liable to dismissal without notice. In accordance with the Data Protection Act 1998 I hereby consent to Stramash retaining and processing, as required, all information provided by myself in respect of this application for employment and any subsequent employment within Stramash, for the purposes of statutory, statistical and contractual obligations. I understand that, if necessary, Stramash may disclose this information to other recognised contractors for the purposes of recruitment.I agree to allow Stramash to store my details for up to one year after the vacancy closes. |
| Signature:(If successfully chosen for interview you will be required to bring a signed copy of the application with you.)Print name:Date: |

**Please now complete the referees section below.**

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| **Referees** |
| Please provide the names of two **professional** referees, at least one of whom should know you in a work capacity. One of your references must be **your most recent employer**. |
| Referee 1 |
| Name:Address:Postcode:Daytime telephone number:Email:Occupation:We may wish contact them prior to interview. Do you give us permission to do this?YES / NO |
| Post Title:I provide my consent to Stramash approaching the above named person to obtain an employment reference.Print name ………………………………………………………………….. |
| Referee 2 |
| Name:Address:Postcode:Daytime telephone number:Email:Occupation:We may wish to contact them prior to interview. Do you give us permission to do this?YES / NO |
| Post Title:I provide my consent to Stramash approaching the above named person to obtain an employment reference.Print name ………………………………………………………………….. |