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| Please complete this form in  Black Ink or Typescript and return to: | Administrator  Hart Voluntary Action Limited  Civic Offices  Harlington Way  Fleet  Hants GU51 4AE |

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| Application for employment as: | Health Walks Development Officer  Closing date: 10 June 2022  Interview date: TBC |

A CV is acceptable for items highlighted green – Items highlighted grey must be completed on this form

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| Personal Details | |
| Last Name: (block capitals) |  |
| First Name(s): |  |

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| --- | --- |
| Address for correspondence: |  |
| Postcode: |  |
| Home Tel No: |  |
| Work Tel No: |  |
| Mobile No: |  |
| Email: |  |

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| Employment Experience - Present Employer | | | | | | | | | | |
| Name of Employer: | | | |  | | | | | | |
| Address: | | | |  | | | | | | |
| Current Position: | | | |  | | | | | | |
| Date Started: | | | |  | | | | | | |
| Reasons for Leaving: | | | |  | | | | | | |
| Current Salary / Grade: | | | |  | | | | | | |
| Briefly describe your duties: | | | |  | | | | | | |
| Previous Jobs (most recent first)  (If you have gaps in employment due to caring for family or unemployment etc please specify accordingly) | | | | | | | | | | |
| Name of  employer | Date from  Month Year | | Date to  Month Year | | | Position held and  main duties | | | Reason for  leaving | |
|  |  | |  | | |  | | |  | |
| Educational Background  If you are offered the position you will need to provide evidence of qualifications obtained | | | | | | | | | | |
| Name of School,  College/University,  Educational  establishment  attended | | Month and Year of  attendance and  completion | | | | | Subject | Qualifications  Obtained | | Year  Awarded |
| From | | | To | |
|  | |  | | |  | |  |  | |  |

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| Where did you see the vacancy? |  |

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| --- | --- |
| May we contact you at work:  (Please delete as appropriate) | Yes / No |

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| Qualification and training relevant to the Job  Please list here any relevant qualifications and training you have undertaken which are relevant to the Person  Specification. Please include membership of professional bodies. | |
|  | |
| Training attended which is relevant to job: |  |
| Training Course and Year Awarded |  |
| Are you a member of any professional or  technical body?  If yes, please list |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Knowledge | | | |
| Please use this space to show that you have the knowledge asked for in the Person Specification | | | |
| Experience | | | |
| Please use this space to show that you have the experience asked for in the Person Specification gained through work, home or voluntary activities. | | | |
| Skills & Abilities | | | |
|  | | | |
| Additional Information  Please do not exceed 1.5 sides of A4 paper | | | |
|  | | | |
| References  Please give the names and addresses of two references and state in what capacity you are known to them. One should be your present or previous employer. | | | |
| 1. Full Name: |  | 2. Full Name: |  |
| Address: |  | Address: |  |
| Postcode: |  | Postcode: |  |
| Tel No: |  | Tel No: |  |
| Email: |  | Email: |  |
| Occupation: |  | Occupation: |  |
| Capacity in which known: |  | Capacity in which known: |  |

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| Do you agree to a Disclosure Barring Service (DBS) Check if the role warrants one? | Yes / No |

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| Public funds must be protected and so information you have provided on this form may be used to prevent fraud. The information may also be shared, for the same purposes, with other organisations, which handle public funds. I can confirm that to the best of my knowledge the information provided on this form is correct and gives a fair representation of my qualifications and employment history.  I declare there is no legal impediment to my entering into employment with the Hart Voluntary Action Limited and that I am eligible to work in the UK.  Signature: Date: |

Private and Confidential

Declaration

The post for which you have applied is exempt from the provisions of the Rehabilitation of Offenders Act 2020. As a consequence, you are required to notify any convictions that you may have received, including those that may be regarded as “spent” under the provisions of the Act, by completing the schedule below. If you have no convictions to declare you should write “No Convictions” in the Conviction column and date and sign the form.

Schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Court | Offence | Conviction |
|  |  |  |  |

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| --- | --- |
| Name in full: |  |
| Address: |  |
| Postcode: |  |
| Signed: |  |
| Date: |  |