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| Please complete this form in Black Ink or Typescript and return to: | AdministratorHart Voluntary Action LimitedCivic OfficesHarlington WayFleetHants GU51 4AE |

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| Application for employment as: | Health Walks Development OfficerClosing date: 10 June 2022Interview 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 ofemployer | Date fromMonth Year  | Date toMonth Year | Position held andmain duties | Reason for leaving |
|  |  |  |  |  |
| Educational BackgroundIf you are offered the position you will need to provide evidence of qualifications obtained |
| Name of School, College/University,Educationalestablishment attended | Month and Year ofattendance andcompletion | Subject | QualificationsObtained | 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 JobPlease 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  |  |

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| 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 InformationPlease do not exceed 1.5 sides of A4 paper |
|  |
| ReferencesPlease 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: |  |

|  |  |
| --- | --- |
| 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: |  |