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Ann	1catto	n form

Payroll number if successful
(for office use)

Please return the completed job application form FAO Claire Carter Email to: contact@chancesgiveschoices.com

Post applied for	SUPPORT STAFF- SUPERVISING STAFF-			
Surname:				
Forename(s):				
Address:				
		Postcode:		
Phone number: Home Work				
When would you be available to take up the post? Within the week				
Please provide the names and addresses of two referees, one of whom should be your current employer.				
1. Name:	2. Name:			
Phone number:		Phone number:		

May we contact your current employer before the interview?

Do you wish to be informed before we contact the above referees?

References will be taken up before the post is offered.

Current or most recent employment

Name of employer	Employed from	То	Salary	Duties involved

Past employment

Name of employer	Employed from	То	Salary	Duties involved	

Education and qualifications



Relevant experience, both paid and voluntary
Base your reply on the person specification. Please use an A4 continuation sheet if necessary and attach it to your application form.



REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)

Because the work for which you are applying involves working with children we are obliged to ask you, in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise might be considered spent. A prior criminal conviction may not prevent you from working at our Centre, but failure to disclose relevant convictions in full will result in immediate suspension pending investigation.

Please list below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of employment made will be subject to a satisfactory Criminal Records Bureau Disclosure.

Have you ever been convicted by a court of a criminal offence?	
If yes, please give details including dates and court where convicted	
Are you subject to any current or outstanding disciplinary procedures or legal action? If Yes, please give details.	
Criminal Records Bureau	
I am happy to complete a Disclosure Application Form to enable an Enhanced Criminal Records Bureau Discundertaken. DBS enhanced check	closure to be
Signed	
I declare that the information given above is true and complete. I understand that any wilful misstatement or render me liable to dismissal.	omission may
Signed: Date:	