|  |  |  |  |
| --- | --- | --- | --- |
| Post Applied for: | Administrator | **Post Number:** |  |

|  |
| --- |
|  Application Form |

|  |  |  |  |
| --- | --- | --- | --- |
| Closing Date: | 26th February 2024 | **Interview Date:** | 11th –12th March |

|  |
| --- |
| Please complete this form fully using black ink or type. C.V.s may be attached but will not be accepted as an application. Applications received after the closing date will not be considered. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

|  |
| --- |
| Section 1 Personal details |

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |       | **First Name:** |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

 Letters Numbers Letter

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Home Telephone No:** |       | **National Insurance No:** |   |   |   |   |   |   |   |   |   |

|  |  |
| --- | --- |
| **Daytime Telephone No:** |       |

|  |  |
| --- | --- |
| **Mobile Telephone No:** |       |

|  |  |
| --- | --- |
| **E-mail address:** |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Can we contact you at work?** | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you free to remain and take up employment in the UK with no current immigration restrictions? | Yes | [ ]  | No | [ ]  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Driving License – if relevant to post applied for.**Do you hold a full, clean driving license valid in the UK? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.** |

|  |
| --- |
| Section 2 Present Employment |
| **Present Employment** (If now unemployed give details of last employer) |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| Post Title: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |       | **Salary:** |       |

|  |  |
| --- | --- |
| Department / Section: |       |

|  |
| --- |
| **Brief description of duties:** |
|  |
| Continue on a separate sheet if necessary |

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Notice: |       | **Last day of service**(if no longer employed)**:** |       |

|  |  |
| --- | --- |
| **Reason for leaving**(if no longer employed)**:** |       |

|  |
| --- |
| **Previous Employment**  |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| Post Title: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |       | **Salary:** |       |

**Brief description of duties:**

|  |
| --- |
| **Reason for leaving** |

|  |  |
| --- | --- |
| Name of Employer: |       |

|  |  |
| --- | --- |
| Address: |       |
|  |       |
|  |       |

|  |  |
| --- | --- |
| Postcode: |       |

|  |  |
| --- | --- |
| Post Title: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Appointment: |   | **Salary:** |       |

**Brief description of duties:**

|  |
| --- |
| **Reason for leaving** |

|  |
| --- |
| Section 3 Education |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

|  |  |  |
| --- | --- | --- |
| **College or University**  | **Course** | **Qualifications and grades obtained** |
|       |       |       |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|       |       |       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Professional, Technical or Management Qualifications |
| Please give details: |

|  |  |
| --- | --- |
| **Professional/Technical/****Management Qualifications** | **Course Details** |
|       |       |
| **Membership of any Professional / Technical Associations- Please state level of Membership:**      |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 4 Training and Development |
| Please give details of any training and development courses or non-qualifications courses which support yourapplication. Include any on the job training as well as formal courses. |

|  |  |
| --- | --- |
| **Title of Training Program or Course** | **Duration of Course** |
|       |       |
| Continue on a separate sheet if necessary |

|  |
| --- |
| Section 5 Personal Statement |
| **Abilities, skills, knowledge and experience.**Please use this section to explain in detail how you meet the requirements of the Role Requirements. If you are/have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
|       |
| Continue on a separate sheet if necessary |

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| --- |
| **Section 6 Rehabilitation of Offenders Act (1974)** |

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| --- | --- | --- | --- | --- |
| Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details / dates of offence(s) and sentence: |
|       |

|  |
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| **Section 7 Protecting Children and Vulnerable Adults** |

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| --- |
| The following information is required as the post you are applying for has a requirement for a Criminal Records Bureau police check.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ALL** convictions/cautions must be declared (regardless of whether deemed asspent)If YES, please provide details*Failure to declare convictions/cautions may result in cancellation of any job offer* | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 8 Disability Discrimination Act** |

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| --- |
| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you have a disability which is relevant to your application? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|       |

|  |
| --- |
| **We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Do we need to make any specific arrangements in order for you to attend the interview?** | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| If yes, please give details: |
|       |

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| --- |
| **Section 9 References** |

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| --- |
| Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are. |

|  |  |  |
| --- | --- | --- |
| **Reference 1** |  | **Reference 2** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | **Name:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Position (job title): |       | **Position (job title):** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Work Relationship: |       | **Work Relationship:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Organisation: |       | **Organisation:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |       | **Address:** |       |
|  |       |  |       |
|  |       |  |       |
|  |       |  |       |
|  | Postcode |       |  | Postcode |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone No: |       | **Telephone No:** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| E-mail: |       | **E-mail:** |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  | Are you willing for this referee to be approached prior to the interview? | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| **Section 10 Declaration** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If appointed, do you have any interests or hold any appointments that may conflict with employment by St Margarets Centre in the role for which you have applied?If yes, please detail on a separate sheet.  | Yes | [ ]  | No | [ ]  |

|  |
| --- |
| Statement to be Signed by the ApplicantPlease complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.**I hereby certify that:*** **all the information given by me on this form is correct to the best of my knowledge**
* **all questions relating to me have been accurately and fully answered**
* **I possess all the qualifications which I claim to hold**
* **I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.**
 |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | **Date:** |  |
|  |

|  |
| --- |
| (NB. Candidates selected for interview will normally be notified within two weeks of the closing date.) St Margarets Centre undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the General Data Protection RegulationsIf you are returning this form by email, you will be asked to sign your application at interview. |

|  |
| --- |
| R E T U R N I N G T H I S F O R M |
|  **By Hand or Post:****Centre Manger****St Margarets Centre****The Old School****Margery Lane****Durham****DH1 4QJ** | **By E-Mail:**stmargarets91@hotmail.com**Enquiries:**Telephone: 0191 384 8100 |