**Headway Central Lancashire Application Form**

I am applying for the post of:

Completed applications should be returned to: liz@headwaycentrallancashire.org.uk

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Postcode |  |
| Telephone |  |
| Email |  |

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| Do you hold a current full driving licence?  |

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|  Do you require a work permit to enable you to work in the UK?      |
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| Please give the names and addresses of two referees, at least one of whom should be your present or most recent employer.  References will only be taken once an offer has been made and with your permission.  |
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Telephone: | Telephone: |
| Email:  | Email: |

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**Career History**

Please outline your career to date beginning with the most recent:

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and nature of organisation  | Post held and brief outline of responsibilities   | Dates (month and year) From  To  | Reason for leaving  |

**Education and qualifications**

Secondary level and further and higher education

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| --- | --- | --- | --- | --- |
| From  | To  | Type of school/college/university attended  | Subject  | Examinations passed/working towards  |
| Level  | Grade  | Date  |
|  |  |  |  |  |  |  |

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| Please explain how your qualifications and or experience will make you the ideal candidate for the post which will be used to shortlist.   |

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| Please describe any caring or befriending experience you have. |

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| Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders (Exemptions) (NI) Order 1979? If so please give details of the conviction and the sentence.  |
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| Do you have any prosecutions pending?      (if yes please give details)  |
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| **Declaration and signature**   |
| Any candidate found to have provided false or inaccurate information may be liable to disqualification or, dismissal. I declare that the information provided is complete and accurate.  I understand that if I am successful in my application, I will be required to complete an Enhanced Access NI Disclosure Certificate Application Form.  I declare that the particulars given are to the best of my knowledge complete and accurate.  Signature      Date   |