**Application Form**

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|  |  | **Please return by:****by email only to** **recruitment@leedswomensaid.org.uk** |
| **Post Applied for** | **Sanctuary Support Worker – Women’s Health Matters** |
|  |  |  |  |
| **First Name** |   | **Last Name** |   |
| **Title****Ms, Miss, Mrs etc** |   | **Previous last names**  |   |
| **National Insurance No** |   |
|  |  |  |  |
| **Home Address** |    |
| **Email address** |   |
|  |  |  |  |
| **Home Telephone** |   | **Mobile Telephone** |   |
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| **References** |  |  |  |
| **Please give the names and addresses of 2 work related/professional (paid or voluntary) referees: One should be your current employer or your last employer if you are not working at present. (Personal References or References from Colleagues will not be accepted).** |
| **Referee 1** |  | **Referee 2** |  |
|  |  |  |  |
| **Name** |   | **Name** |   |
| **Company Name & Address** |   | **Company Name & Address** |   |
| **Email address** |   | **Email address** |   |
| **Telephone No** |   | **Telephone No** |   |
| **Their relationship to you** |   | **Their relationship to you** |   |
|  |  |  |  |
| **Can we contact them prior to interview?** | **Yes/No** | **Can we contact them prior to interview?** | **Yes/No** |





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| **Employment Experience** |
| **Name of most recent Employer** |  | **Post Held** |  |
| **Address** |  |
|  |
| **Telephone No** |  | **Salary** |  |
| **Date Appointed** |  | **Period of Notice/****Date of leaving** |  |
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| **Duties and Responsibilities**  |  |  |
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| **Reason for Leaving (or if still employed, why do you want to leave?)** |  |
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**Employment History – start with the most recent (after above) - Continue on a separate sheet (typed additional sheets allowed).****Please account for any period between leaving full time education and commencing employment, and also any periods of unemployment or breaks from work.** |

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| **Dates** | **Employer** | **Post and duties**(Include whether paid or voluntary & how many days per week) | **Reason for leaving** |
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| **Education and Training****Start with the most recent (Continue on a separate sheet if necessary)** |
| **Date** | **Educational Establishment** | **Subjects/exams taken or being studied for****Training courses attended** | **Result** |
| **From** | **To** |

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| **Supporting Information** |  |  |
| **PLEASE REFER TO GUIDELINES OF HOW TO FILL IN THIS SECTION.****Each number relates to a number of an essential requirement detailed on the Person Specification (in the Job Profile). Please write your answer to that criteria in the relevant numbered section below. It is essential that you demonstrate *how* you fulfil each one.** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
| **10** |  |
| **11** |  |
| **12** |  |
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| **15** |  |
| **16** |  |
| **17** |  |
| **18** |  |
| **19** |  |

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| **Do you speak any other languages?****If so, please specify** |   |

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| **How many hours would you be looking to work?****(between 21-35)** |   |
| **ADDITIONAL INFORMATION**

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| **Please use this space for any further information you wish to add in support of your application. *Disabled applicants should indicate here if there are any reasonable adjustments we could make to enable you to attend interview or to carry out duties of the post.*** |
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**Criminal Convictions** |

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| **All roles require the holder to have an enhanced DBS Certificate. An application for a DBS check will be submitted for all successful candidates who have already revealed, or whose DBS checks reveal, criminal convictions, a full risk assessment will be carried out prior to a decision being taken as to whether or not the candidates record precludes them from employment with the host organisation. The code of practice on DBS checks can be found at** [**https://www.gov.uk/government/publications/dbs-code-of-practice**](https://www.gov.uk/government/publications/dbs-code-of-practice)**Under the Rehabilitation of Offenders Act 1974, you are required to give details of any convictions which are not spent. Failure to do so may result in Summary Dismissal** |
|  |
| **Do you have any previous convictions or cautions?** | **Yes/No** |
| **If yes, please give details including date, sentence & nature of conviction and/or caution:** |
|   |
| **Are you currently the subject of any criminal proceedings or police investigations?** | **Yes/No** |
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| **I can confirm that the information on this form is correct and gives a fair representation of my skills, experience, employment and education history. I understand that if I am offered a post the information submitted in my application will form part of my contract of employment and that if it is subsequently discovered that I have wilfully or negligently given false information, I may be liable to immediate dismissal.** |
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| **Name** *(A typed name will be accepted as a digital signature)* |  | **Date** |  |