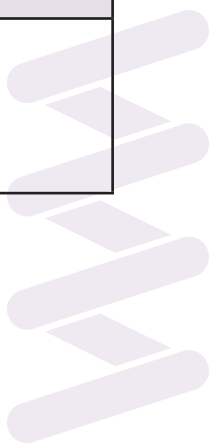


Completed application form to be returned to: *office@springnorth.org.uk*
 Or by post to: *Angela Allen, Spring North, 1 Exchange Street (Room 103) Blackburn. BB1 7JN*

Section A - Personal Details	
Surname	
Forename(s)	
Former Surname(s)	
Address	
Contact Number	
Email Address	
NI Number	

Section B - Health
Are you in good health? Are you currently undergoing any treatment or attending any clinics? <i>please give further information below</i>
Are you registered as disabled? <i>If yes, please give details of your disability if you feel necessary</i>



Section C - Education & Qualifications (Schools, Colleges, Universities)

Name & Address of Educational Establishment	Subject/Course	Result

Section D - Employment History (starting with the most recent/current)

Employer Name	
Employer Address	
Position(s) held	
Date started	
Date ended	
Salary (optional)	
Reason for Leaving	

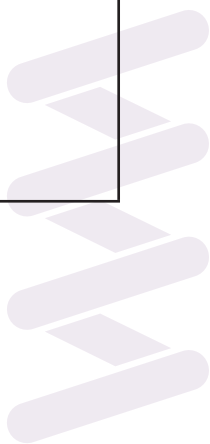
Employer Name	
Employer Address	
Position(s) held	
Date started	
Date ended	
Salary (optional)	
Reason for Leaving	

Employer Name	
Employer Address	
Position(s) held	
Date started	
Date ended	
Salary (optional)	
Reason for Leaving	



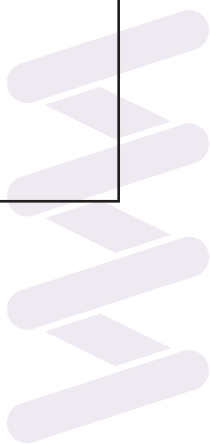
Section E - Skills, Knowledge, & Experience

Please give details of any skills, knowledge & experience that demonstrate how you meet our Person specification, to ensure you can meet the demands of the role



Section E - Continued

Please give details of any skills, knowledge & experience that demonstrate how you meet our Person specification, to ensure you can meet the demands of the role

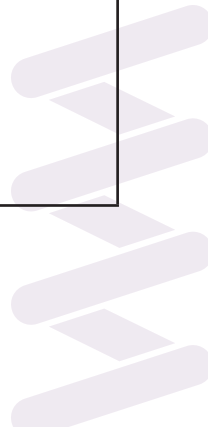


Section F - Supplementary Information

Have you ever been convicted of a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been cautioned for a criminal offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a full driving licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any current driving endorsements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of a Trade Union or Professional Body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If offered this position will you continue to work in any other capacity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you need a work permit to work in the United Kingdom?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to the above, which of the following can you provide as proof of entitlement to work in the UK?	<input type="checkbox"/> NI Card <input type="checkbox"/> P45/6 <input type="checkbox"/> British or EEA Passport <input type="checkbox"/> Other	

Please list any Community / Volunteer Experience you have:

Name & Address of Organisation	Duties	Duration



Section G - References (please provide 2, with at least one being a professional reference)

Name		
Business Address		
Occupation/Capacity known to you		
Contact Number		
Email Address		
May we contact this referee prior to interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		
Business Address		
Occupation/Capacity known to you		
Contact Number		
Email Address		
May we contact this referee prior to interview?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Recruitment Policy

It is the Organisation's policy to employ the best person for the vacancy and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of age, colour, disability, ethnic or national origin, marital status, nationality, race, religious belief, sexual or gender orientation, or union membership status.

If shortlisted for this post, I agree to Spring North obtaining references to support this application prior to interview and release the Organisation and referees from any liability caused by giving and receiving information. If successful in this application, I agree to Spring North applying for DBS Clearance prior to my appointment being confirmed.

DECLARATION: *I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement or deliberate omissions may be sufficient cause for rejection or, if already an employee, dismissal.*

Date Signature 