



APPLICATION FORM

We use the details on your completed application form as the sole basis for shortlisting for interview. PLEASE NOTE ALL SECTIONS OF THE FORM MUST BE COMPLETED FOR CONSIDERATION TO THE NEXT STAGE.

Position Applied for:	Interview Date and Time: (for office use only)
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Personal Information

Surname/Family Name:	Title: (Please specify) Ms/Mr/Mrs/other
First Name(s)	National Insurance Number:
Previous Surname(s)/Family Name(s):	Date Of Birth:
Home Address:	Do you require a UK work Permit: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Home Telephone Number:
	Mobile Number:
	Email:

Please answer the following questions:

Do you hold a current full driving licence? Yes No N/A

If yes, is it a clean driving licence? Yes No If no, please give details:

Do you have access to a vehicle for work purposes? Yes No

Membership of Professional Bodies	
Name:	Membership/Status:
Renewal Date:	Number:
Name:	Membership/Status:
Renewal Date:	Number:

Applicant Name:

Post Applied For:

Education Qualifications and Training				
Dates (From/To)	Secondary School/Further Education/Professional qualifications and work related training	Qualifications (where applicable)	Subject or training course outline	Grade Obtained (where applicable)

Applicant Name:

Post Applied For:

Applicant Name:

Post Applied For:

Work History and Record

Starting with the most recent, please give details of your present and previous experience. You should include all types of employment, be that full or part time, permanent or temporary. You may also detail below voluntary work that you have undertaken. If you use additional sheets, please ensure that you put your name and post reference number on the sheet.

Date from/to (month/year)	Name and full address of employer and sector/nature of business	Post title(s)/Brief outline of duties/job grade	Current salary or final salary and reason for leaving for previous posts

Applicant Name:

Post Applied For:

Gaps in Work History or Experience – Please provide information on any gaps in employment (the information given here will be discussed with you at interview).

From (month/year)	To (month/year)	Reason

Periods of absence:

Please give details of any absences from work that have occurred during the last 12 months, excluding statutorily given leave such as maternity, paternity or parental leave:

Sickness: 0 day 1-5 days 6-15 days > 15 days

If you wish to comment on a period of sickness absence, please do so here:

Health

Please comment on the general state of your physical health.

Supporting Statement

Applicant Name:

Post Applied For:

Please set out below any further information, which you feel, supports yours application. In particular, you should provide examples to illustrate how you meet the requirements set out in the job description. The statement should be no longer than 2 sides of an A4 sheet.

References

As an organisation working with children and young people, we require references which cover **the last 5 years of your employment**. One reference **must** be your **present or most recent employer**, If this

Applicant Name:

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is your first job since leaving full time education, your head-teacher or further education tutor should be given as a referee. We reserve the right to approach **any** current or previous employer or organisation where you have worked in an unpaid capacity, without further notification to you. You may also give details of a personal referee as well.

1. Current Employer	2. Previous Employer
Name:	Name:
Job Title:	Job Title:
Organisation's Name/Address (in full):	Organisation's Name/Address (in full):
Telephone Number:	Telephone Number:
Email/Fax:	Email/Fax:
Dates of Employment: From: To:	Dates of Employment: From: To:
In what capacity do you know them?	In what capacity do you know them?
3. Previous Employer	4. Previous Employer/Personal Referee (*delete as appropriate)
Name:	Name:
Job Title:	Job Title: (if applicable)
Organisation's Name/Address (in full):	Organisation's Name/Address (in full):
Telephone Number:	Telephone Number:
Email/Fax:	Email/Fax:
Dates of Employment: From: To:	Dates of Employment: From: To:
In what capacity do you know them?	In what capacity do you know them?

Can we contact your current employer prior to any conditional offer of employment?

Yes No

Applicant Name:

Post Applied For:

Employment referees will be requested to provide details on attendance, sickness levels, performance, and where applicable, reasons for leaving. Where relevant, referees will be asked of their knowledge of your work and suitability to work with children and young people.

Do you consider yourself to have or have had a disability?:

Yes No If yes, please state:

If you are selected for interview are there any special arrangements we would need to make for you? (if Yes, and you are successful in obtaining an interview, we will contact you to discuss your needs stated)

Yes No If yes, please state:

Notice Period – If appointed, how soon could you take up your new post?

Declarations

Data Protection:

"I give permission for Rainbow Therapeutic to process and hold on computer the information or data I have supplied or referred to on it, including any information that I consider to be sensitive and personal. I understand and agree that this information will also be held on my personal file, if I am appointed."

"I agree that Rainbow Therapeutic may use the information provided in this application form for equality monitoring purposes, compiling statistics, maintaining other employment records and completing statutory returns as required."

References

"I agree that Rainbow Therapeutic may ask my referees for comments on my suitability for the post and in respect of employment referees request details on my attendance, sickness levels, performance, conduct, reasons for leaving and suitability to work with children and young people, where applicable."

Application Submission

"In submitting this application form, I confirm that the information I have given is correct and complete and I understand that giving misleading or untruthful statements may result in my dismissal if they become known after my appointment."

Name:

Date:

Signature:

**Return completed applications to FAO of The Manager:
Rainbow Therapeutic, Graig House, Ely Valley Road CF72 8LL
Email: scotth@team-rainbow.co.uk
Tel: 01443 227336**