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Email: info@healthstrategygroup.org.uk

Website: [www.healthstrategygroup.org.uk](http://www.healthstrategygroup.org.uk)

Facebook: broomhousehsg

**Community Development Worker Application Form**

**All Sections of this form should be completed**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No (Eve) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel No (Day) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 May we telephone you during the day? Yes/No

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| Institution or Body awarding qualifications(Please start with the most recent) | Dates | Subjects & Qualifications obtained |
|  |  |  |
|  |  |  |

**EMPLOYMENT**

Please list your employment history starting with the most recent. Describe briefly your responsibilities and achievements in each post.

|  |  |  |  |
| --- | --- | --- | --- |
| Employer | Position | Responsibilities & Achievements | Dates |
|  |  |  |  |

**WHAT COULD YOU BRING TO THIS POST?**

Please refer to relevant experience in paid employment, voluntary work, projects undertaken, study, membership of organisations etc.

|  |
| --- |
|  |

Broomhouse Health Strategy Group strives to be an equal opportunities employer. Are there any special requirements you would need to help you fulfil the criteria of the post? If so please give details.

|  |
| --- |
|  |

**REFEREES**

Please give the names and addresses of two people who can comment on your suitability for this post. One of these must be your present or most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| **First Referee** |  | **Second Referee** |  |
|  |  |  |  |
| Name |  | Name |  |
| Position |  | Position |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
|  |  |  |  |
|  |  |  |  |
| Tel No/Fax |  | Tel No/Fax |  |

 May we contact this referee before interview? May we contact this referee before interview?

 Yes/No Yes/No

In what capacity do these referees know you?

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

**DECLARATION**

*I confirm that the information I have given in this application is to the best of my knowledge, true and complete.*

|  |  |
| --- | --- |
| Signature |  |
|  |  |
| Date |  |

***Please email the completed form by 9pm on Friday 28th December 2018 to:***

***info@healthstrategygroup.org.uk***