

The Manda Centre

The Trauma, Loss & Personal Crisis Centre

Hamilton Business Centre

194 Quarry Street, Hamilton ML3 6QR

Tel: 01698 328724

Mobile: 0775 740 7002

info@themandacentre.co.uk

www.themandacentre.co.uk



Application form for Staff Position as:

All applicants for posts within The Manda Centre are required to complete an Application Form

SECTION A: Your personal details

Title: Mr. / Mrs. / Ms.

First name:

Surname:

Any previous names by which you have been known:

Address:

Post code:

Telephone No:

Mobile Telephone No:

Email Address:

How long have you lived at the above address?

If less than 12 months: please give your previous address?

Previous Address:

Post code:

How long did you live there?

SECTION B:
Your Present Employment / Voluntary Work

Name of organisation:

Address of organisation:

Post code:

Summary of role and responsibilities:

Please give reasons for leaving

SECTION C:
Your Previous / Most Recent Employment / Voluntary Work

Name of organisation:

Address of organisation:

Post code:

Summary of role and responsibilities:

Please give reasons for leaving

SECTION D:

Please give details of any previous experience you may have of working within the voluntary sector.

SECTION E: Please give details of any relevant qualifications, training and/or personal qualities which you feel equip you to work within The Manda Centre.

If necessary, please continue on a separate sheet.

SECTION F:

References: please give the name and contact details of two suitable referees. At least one should have knowledge of any previous work you may have undertaken with children and young people.

Name:

Organisation:(where applicable)

Address:

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Post code:

Telephone:

In what capacity do you know this person (friend, colleague, etc.)?

Name:

Organisation:(where applicable)

Address:

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Post code:

Telephone:

In what capacity do you know this person (friend, colleague, etc.)?

Declaration

I confirm that the information I have given in this form is accurate and truthful.

Print Name:

Signed:

Date:

Thank you for completing this application form.

Please mark all correspondence for Addressee only and return it by post to:

**Joe Duffy, Chairperson
The Manda Centre
Hamilton Business Centre
194 Quarry Street, Hamilton ML3 6QR**

By email: joeduffy@themandacentre.co.uk

The information you provide in this form will be treated in the strictest confidence.