

## APPLICATION FOR EMPLOYMENT

POST APPLIED FOR: Corporate &amp; Community Giving Manager

REF NO: CCGM

## PERSONAL DETAILS

Title		First Name(s)		Known as	
Surname			Phone (day)		May we ring you at work if discreet?
Address			Phone (eve)		
			Mobile		
Postcode			E-Mail		

## EMPLOYMENT RECORD

PRESENT OR MOST RECENT EMPLOYMENT			
Name of Organisation	Address		
Nature of Business			
Job Title	Start Date	Finish Date	
Please outline your main tasks, responsibilities and achievements:			
Present Salary or Scale	Period of Notice Required		
Is this your present employer or your most recent employer?			
Reason for leaving			

## HEALTH INFORMATION

<p>Do you have, or have you had, any recurring health problems likely to affect you ability to fulfil the requirements of this post? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please give details of any significant sickness absence over the past two years (including number of days off)</p>
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## DRIVING

<p>Do you have a current driving licence? Yes <input type="checkbox"/> No <input type="checkbox"/> Provisional <input type="checkbox"/> Full <input type="checkbox"/></p> <p>Do you have regular access to a car? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**EMPLOYMENT RECORD (continued)**

Please give details of your employment history (other than your most recent employment) including any gaps. Please continue on the separate sheet provided if necessary.

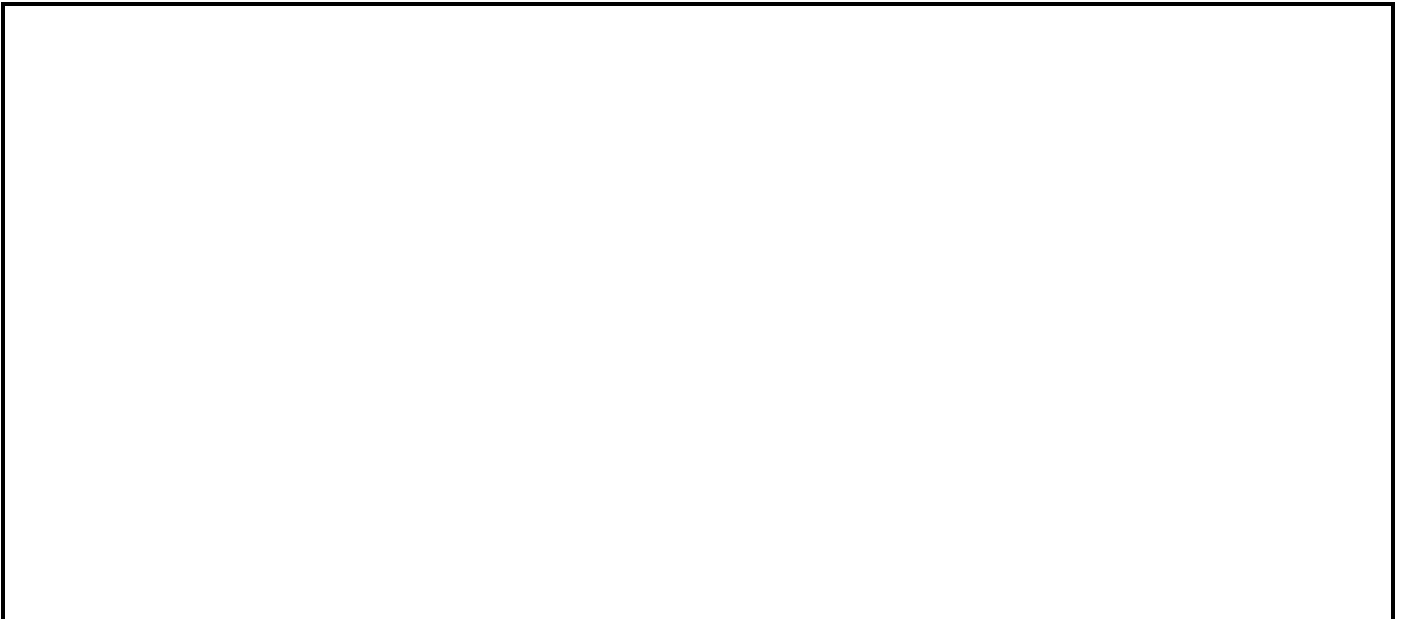
Organisation	Job Title
Start Date      Finish Date	Reason for leaving
Please outline your main tasks, responsibilities and achievements:	
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**EDUCATION AND TRAINING**

Secondary, Further and Higher Education Subjects studied, Certificates or Qualifications (most recent first)	Grade	Awarding Body Eg School, College or university	Date obtained

**SUPPORTING STATEMENT**

Please explain why you are applying for this position, making particular reference to the job description/person specification requirements. Please also provide any other information which you believe would be relevant to support your application. Please continue on a separate sheet if necessary.



**SECURITY**

Have you ever been convicted of a criminal offence? YES  NO

If YES, please give details unless the conviction can be regarded as “spent” in terms of the Rehabilitation of Offenders Act 1974 (continue on a separate sheet if necessary)

**REFERENCES**

Please give two people who can provide references (one of whom should be your present or most recent employer, the other someone who knows you well but is not a relative).

Employment Referee		Character Referee	
Name		Name	
Job title		Job title	
Org'n		Org'n	
Address		Address	
Postcode		Postcode	
Telephone		Telephone	
Email		Email	
Capacity in which they know you/length of time known		Capacity in which they know you/length of time known	

When may we contact your employer for a reference?

**DATA PROTECTION**

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us will also be used in a confidential manner to help us monitor our recruitment process. By signing the application form we assume that you agree to the processing of any sensitive personal data in accordance with our registration with the Data Protection Information Commissioner.

**DECLARATION**

I confirm that the information contained within this application is, to the best of my knowledge and belief, true in all respects. I understand that providing false or misleading information will disqualify me from selection or, if appointed, may result in my dismissal. I give permission for the form and references to be copied to those involved in the selection and interview process.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you have completed this form on-screen, please print a copy and sign / date this box by hand and post it to us. Please do not send by email as all application forms must include an original signature. Thank you.

EQUAL OPPORTUNITIES MONITORING

NAME:

POST APPLIED FOR: Corporate & Community Giving Manager

REF NO: CCGM

Revive MS Support is working towards equality of opportunity in employment to ensure that all applications are treated fairly and without unacceptable prejudices influencing decisions. In order to monitor the effectiveness of this policy, all applicants are asked to complete all parts of this section. The information will be used for monitoring purposes only and will not be viewed by the person/people responsible for short-listing candidates during the recruitment process. Please complete all sections below by placing a tick (✓) or by providing further information where appropriate.

GENDER

Male  Female

MARITAL STATUS

Single  Married  Divorced  Other

DISABILITY

Under the Disability Discrimination Act 1995 you are regarded as having a disability if you have a long term physical or mental impairment that has a substantial and long-term adverse effect on your ability to carry out normal day-to-day activities. (Long term is defined as lasting 12 months or more.)

Do you consider yourself to have a disability, as defined above by the Disability Discrimination Act?

Yes  No

Do you have any special requirements if attending for an interview?

ETHNIC ORIGIN

How would you describe your ethnic origin?

- |  |   |   |
|--|---|---|
| 01 White UK/Irish <input type="checkbox"/> | 07 Indian <input type="checkbox"/>          | 04 Black-African <input type="checkbox"/> |
| 10 Chinese <input type="checkbox"/>        | 06 Bangladeshi <input type="checkbox"/>     | 02 Black-Other <input type="checkbox"/>   |
| 12 Other <input type="checkbox"/>          | 09 Pakistani <input type="checkbox"/>       | 11 Mixed Race <input type="checkbox"/>    |
| Please state:                              | 03 Other European <input type="checkbox"/>  | Please state:                             |
|  | 05 Black-Caribbean <input type="checkbox"/> |   |

OTHER

Are you legally entitled to work in the UK? YES  NO

We will require evidence of this prior to commencing employment

Are you related to an existing employee or service user within Revive MS Support? YES  NO

Name Relationship

How did you learn about this vacancy? (Please specify the name of the newspaper or website)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use this sheet for further details of employment history (if required)

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