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| **JOB APPLICATION FORM** |
| **Please note that all sections of this form must be completed** |
| Vacancy |  |
| **Section 1 Personal Details** |
| Surname |  | Forename(s) |  |
| Address |  |
| Postcode |  |
| E-mail address |  |
| Telephone number(s) | Home: | Mobile: |
| Current notice period? |  |
| Where did you see this post advertised? |  |

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| **Section 2: Present Employment -** Current or most recent post (paid/unpaid)) |
| Employer’s name: |  |
| Address |  |
| Job title: |  |
| Dates employed |   |
| Salary |  |
| Reason for leaving: |  |
| Main Responsibilities |
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| **Section 3: Previous Employment** (in chronological **date** order commencing with the most recent. Please explain any gaps in employment) |
| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |
|  |
| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |
|  |
| Employer’s name: |  |
| Post held |  |
| Dates |  |
| Reason for leaving |  |
| Main responsibilities |

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| **Section 4: Education, Qualifications and Further training** (detail any education, qualifications and further training relevant to your application) |
| School/College/University | Qualification | Result |
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| **Training Courses** |
| Course Name | Award/Qualification |
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| **Section 5: Personal Statement** |
| Please give clear examples of your experience, skills and abilities from training, employment or voluntary work which you feel demonstrates how you meet the requirements of the role and the competencies set out in the job description. You should make reference to each point in the person specification. |
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| **Section 6 Referees** |
| Please give the contact details of two referees, one of which should be your current or most recent employer. **Referees will not be approached until a formal offer is made.** |
| Name |  | Name |  |
| Address |  | Address |  |
| Telephone No. |  | Telephone No. |  |
| E-mail |  | E-mail |  |
| Relationship to you |  | Relationship to you |  |
|  |
| **Section 7 Declaration** |
| I confirm that the information given on this form is, to the best of my knowledge, true and complete.Any false statement may be sufficient cause for rejection, or if employed, dismissal. |
| **Print Name** |  |
| **Date** |  |
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| **Please return your completed application, along with your PVG declaration, and equal opportunites form to:**AdvoCardc/o Andrew Duncan ClinicRoyal Edinburgh HospitalMorningside PlaceEdinburghEH10 5HF**Or email them to:**advocacy@advocard.org.uk |