# 

**44 High Street, Laurencekirk AB30 1BP**

**The Mearns and Coastal Healthy Living Network is a company registered in Scotland with company number 325854. Scottish Charity number SCO38980.**

**Post applied for:**

## Your details

Surname:

Initials:

Address:

Postcode:

Phone:

Email:

Do you hold a current Driving Licence?

Do you have access to a car?

## Qualifications and training

|  |  |  |  |
| --- | --- | --- | --- |
| Qualification/Training type/level | Subject | Grade/Result | Date |
|  |  |  |  |

## Employment history

### Your current or most recent employer

Name of employer:

Address:

Postcode:

Job title:

Length of time with employer:

Reason for leaving:

|  |
| --- |
| Please outline your current duties, responsibilities, knowledge and experience:  (Continue on a separate sheet if necessary) |

### Previous employers

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Name of Employer | Job Title | Duties |
|  |  |  |  |  |

## Supporting statement

Please tell us why you applied for this post, what skills, experience and qualities you think you can offer, and why this post interests you. (Continue on a separate sheet if necessary)

|  |
| --- |
|  |

## Interview arrangements

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

|  |
| --- |
|  |

## Right to work in the UK

Do you need a work permit to work in the UK? Yes / No

## References

Please give the names and contact details of 2 people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

### Referee 1

|  |  |
| --- | --- |
| Name:  Occupation:  Company Name:  Address:  Tel No:  Email:  Relationship to Referee: |  |

### Referee 2

|  |  |
| --- | --- |
| Name:  Occupation:  Company Name:  Address:  Tel No:  Email:  Relationship to Referee: |  |

## Declaration

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

I understand and agree that all information contained in this form will be treated as strictly confidential and used for recruitment and selection purposes. By supplying information, I provide consent to this information being processed and stored in accordance with the Data Protection Act 2018, for a period of 6 months for recruitment purposes. If successful in being appointed to the role, the information will be stored and processed for the purposes of the employment relationship.

Name:

Signature:

Date:

Please send completed application form to:

**jane.mitchell@mchln.org.uk**

**or**

**Mearns and Coastal Healthy Living Network**

**44 High Street**

**Laurencekirk**

**AB30 1AB**

**Tel: 01561 378130**