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| **Full Name** |  | | | | | |
| **Address** |  | | | | | |
| **Postcode** |  | | | | | |
| **Home Tel** |  | | | | **Mobile** |  |
| **Email** |  | | | | | |
| **Do you consider you have a disability?** | | Please tick appropriate answer | | If you would like to tell us anything further, so that we can assist you with your application and make any reasonable adjustments if we offer you employment, please do so below. | | |
| Yes |  |
| **No** |  |
|  | | | | | | |
| **Please indicate which position(s) you are applying for.** | | | | | | |
| **I declare that, to the best of my knowledge, the information given on this application form is true and correct and can be treated as part of any subsequent contract of employment.**  **Signature:**  **Date:** | | | | | | |

Application Form

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| **Employment** | **Please provide a full employment/voluntary work history, starting with current or most recent post. Where there is a gap in employment, please state why** | |
| **Dates From-To** | **Employer Name and**  **Address** | 1. **Job Title (b) part or full time**   **(c)Tasks undertaken and/or Experience gained** |
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| **Education & Qualifications** | | Please give details of all schools and colleges/universities attended, with qualifications achieved where appropriate | | | |
| **Dates from-to** | | **School/College/University** | | **Qualifications with grades** | |
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| **Further Training** | Please provide details of any further training you have undertaken relevant to your application | | | |
| Dates from-to | Training Provider | | **Details, including qualification achieved** | |
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| **Please give details of any relevant interests and hobbies, voluntary activities etc.**  (150 words max) |
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| **Please give your reasons for applying for this post and what you have to offer in this role**  (500 words max) |
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| References | **Please give the names of two referees, at least one of whom should be your current or most recent employer** | |
| **Name** | **Name of Organisation** | **Address**  **Postcode** |
| **Title/Position** |
| **Telephone** | **Mobile** | **Email:** |
| **May we contact prior to interview?** |
|  | | |
| **Name** | **Name of Organisation** | **Address**  **Postcode** |
| Title/Position |
| **Telephone** | **Mobile** | **Email:** |
| **May we contact prior to interview?** |
| **Where did you see this post advertised?** | | |
| **Please email this application to: centre@fifecarers.co.uk**  **or post to: Sandra Morris**  **Fife Carers Centre**  **157 Commercial Street**  **Kirkcaldy**  **KY1 2NS**    **Telephone: 01592 205472** | | |