

**Supporting people with epilepsy**

Ref

**APPLICATION FORM**

**All sections of this form should be completed**

**PERSONAL DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Post |  | Closing Date |  |
| Name |  | | |
| Address |  | | |
|  | | Post Code |  |
| Telephone Number (Day) | | Evening | |
| May we telephone you during the day? | | Yes/No | |
| Email Address | | | |

|  |
| --- |
| Where did you see this post advertised? |

|  |
| --- |
| We guarantee to interview all applicants with a disability who meet the essential criteria for this post as listed on the person specification. Do you qualify for a guaranteed interview? |

**ELIGIBILITY TO WORK IN THE UK**

|  |  |
| --- | --- |
| Do you have a legal right to work in the UK? | Yes/No |

**EDUCATION**

|  |  |  |
| --- | --- | --- |
| **Institute of Body awarding qualifications**  Please start with the most recent | **Date** | **Subjects & Qualifications obtained** |
|  |  |  |

**EMPLOYMENT**

Current or last employer

|  |  |  |
| --- | --- | --- |
| **Name & Address** | **Job Title** | **Dates employed** |
|  |  |  |

|  |
| --- |
| **Brief outline of duties** |
|  |

|  |
| --- |
| **Reason for leaving/wishing to leave** |
|  |

**Previous employment/experience**

Please list your employment history starting with your most recent post. Describe briefly your responsibilities and achievements in each post. Please use a continuation page if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer** | **Job Title**  **Responsibilities & Achievements** | **Dates** | **Reason for leaving** |
|  |  |  |  |

**OTHER RELEVANT EXPERIENCE**

Include details of voluntary work, projects undertaken, study, membership or organisations etc.

|  |
| --- |
|  |

**COMMENTARY**

Please state your reasons for applying for this job.

|  |
| --- |
|  |

Referring to the Person Specification, please use this section to explain how your skills, experience and qualities enable you to meet the requirements of this post. Please use continuation pages, if required, and head appropriately.

|  |
| --- |
|  |

**If you have provided additional information on separate sheets, please ensure each sheet has your name on it.**

**REFEREES**

Please give the names and addresses of two people who can comment on your suitability for this post. One of these must be your current or most recent employer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| First Referee |  |  | Second Referee |  |
| Name |  |  | Name |  |
| Position |  |  | Position |  |
| Organisation |  |  | Organisation |  |
| Address |  |  | Address |  |
| Tel No |  |  | Tel No |  |
| Email |  |  | Email |  |

In what capacity do these referees know you?

|  |  |  |
| --- | --- | --- |
|  |  |  |

*Referees will only be contacted if an offer of employment is made*

**DECLARATION**

I confirm that the information I have given is, to the best of my knowledge, true and complete. I understand that providing false information or deliberately omitting information may result in this application being rejected or, if successful, in dismissal.

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

*Please return the completed form to:*

Georgia Curran at [gcurran@epilepsyconnections.org.uk](mailto:gcurran@epilepsyconnections.org.uk)