APPLICATION FORM

Post Applied for

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1. **Personal Details**

|  |  |
| --- | --- |
| **Surname** | **Initials** |

**Address**

|  |  |
| --- | --- |
|  | **Mobile Number****Home Number****Email** |

**National Insurance Number**

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1. **Education**

|  |  |  |  |
| --- | --- | --- | --- |
| School/University/College | Course Title | Subject Studied | Qualification and date awarded |
|  |  |  |  |

1. **Your membership of professional bodies**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Awarding Body/Institution | Class of Membership | Date Attended | Qualification |
|  |  |  |  |

1. **Training Course attended which may be relevant to this application.**

|  |  |  |
| --- | --- | --- |
| Course Provider | Description of Course (including main subjects covered) | Date Awarded |
|  |  |  |

1. **Current employment (or most recent employer)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Employer | Job Title | From | To |
|  |  |  |  |

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| --- |
| Please give details of your present duties/responsibilities using supplementary sheet(s) if required. |

1. **Previous Employment.**

Please provide details of your employment history (excluding current post), starting with the most recent post. You should include any periods of unemployment.

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Address of Employer | Job Title and Brief Description of Duties | Dates:Starting Leaving | Reason for Leaving |
|  |  |  |  |

1. **Ability to meet essential criteria for the post.**

Using the Person Specification please outline how your skills and experience meet the criteria for this post. You must demonstrate that you have the required skills and give examples to illustrate this (use continuation sheet(s) if necessary).

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1. **Personal Statement in Support of Application**

Please state your reason(s) for applying for this post

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1. **Driving Licence**

Do you hold a full and current driving licence? Yes

No

Do you have use of a car? Yes

 No

1. **Disabilit**y

Epilepsy Scotland offers a guaranteed interview to any applicant who considers him/herself to be disabled and who meets the minimum essential requirements for the post.

 Please tick if you consider yourself to be disabled.

If you require any facilities/assistance if you are invited for interview, please give details below.

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1. **Referees**

|  |  |  |
| --- | --- | --- |
| Name | Address | Occupation |
|  | Email:Tel No. |  |
|  | Email:Tel No: |  |

Referees will only be approached if an offer of employed is made.

1. **Declaration**

I certify that all statements given above by me on this form are true and correct to the best of my knowledge. I realise that if I am employed and it is found that such information and any other documents associated with the recruitment and selection process is false or that I have withheld information I am liable to dismissal without notice.

Signed………………………………………………………. Date……………………………….

1. **Returning your application**

Completed application forms should be returned by the closing date to:

Helen Hollywood

PA/Office Manager

Epilepsy Scotland

48 Govan Road

Glasgow G51 1JL

Telephone: 0141 427 4911

 Or

Email: hhollywood@epliepsyscotland.org.uk

**www.epilepsyscotland.org.uk**