

Ripon Community Link

Application Form

Part 1

DBS check sent		Completed OK		Reference No.	
If handwritten please complete this form using BLOCK CAPITALS in black ink.					
Application for the post of:					
Closing date for applications					
Please return form to:		Company Administrator, Ripon Community Link, Community House, Sharow View, 75 Allhallowgate, RIPON, HG4 1LE			
Personal Information					
Surname:					
First name(s):					
Title :					
Home address:					
Contact telephone numbers					
Home telephone number:					
Mobile telephone number:					
Work telephone number:					
May we telephone you at work? YES/NO					
Email address					
Do you have a current / valid UK driving licence?		Yes		No	

Ripon Community Link

Application Form

Part 2

Reference No.	
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Qualifications and Training

Please list below all the qualifications you have including GCSEs or equivalents and AS/A levels. Please also include details of relevant training courses you have attended. Start with most recent.

Course/ Qualification	Dates and Length of course (incl full or p-t)	Grade achieved	Date of qualification	Provider/Place of study

Work Experience

Please give details of all the posts you have held, starting with your current post.
If space is insufficient, please attach a separate sheet.

Dates employed		Employer's name and address and nature of business	Job title and description of main duties	Final salary / grade	Reason for leaving
From	To				

Supporting Statement

Please tell us what makes you an ideal candidate for the position and how you fulfil the person specification. (You may use a further side of A4)

References

Please give names and addresses of two people whom we may contact for a confidential assessment of your suitability for this job. The first of these must be your present employer or if unemployed, your last employer. Other referees could be a previous employer or some other appropriate person unrelated to you. Both referees should have known you for at least 2 years. If your current or most recent employer has not known you for 2 years, please add details for a 3rd referee.

First Referee

Name:

Address:

Occupation:

Telephone number/s:

Email address:

Can we take up this reference prior to interview?

YES / NO Please delete as appropriate

Second Referee

Name:

Address:

Occupation:

Telephone number/s:

Email address:

Can we take up this reference prior to interview?

Please delete as appropriate YES/NO

Disclosure and Conviction

Please give details of any criminal convictions, cautions reprimands or warnings you have had which might relate in any way to the post for which you are applying. [Under the terms of the Rehabilitation of Offenders Act 1974 and the Rehabilitation of Offenders Act (Exception) Order 1975 and the Rehabilitation of Offenders (Northern Ireland) Order 1978 and the Rehabilitations of Offenders (Exception) Order (Northern Ireland), the disclosure of such information is required for this post. Current guidance should be followed regarding the information relevant for disclosure.]

Declaration

To the best of my knowledge, there is no reason in respect of my physical or mental health, why I should not be able to carry out fully the tasks described for this post. I confirm that the information I have given on this form is correct and complete and that misleading statements may be sufficient grounds for cancelling any agreements made.

Signed _____ Date _____

