

APPLICATION FORM

Please type or print using black ink and complete all relevant sections.

POSITION:

	Title: (Mr, Mrs,	Ms, Miss, Dr)		
	Telephone num	bers		
	Home:			
	Work:			
	Mobile:			
	e.mail			
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Regi	stration / PIN numb	per:	Expiry date:	
		Telephone num Home: Work: Mobile: e.mail ICATIONS ubjects studied Level SSIONAL TRAINING	Work: Mobile: e.mail ICATIONS ubjects studied	

Academic / professional qualifications currently being studied for:			Expected	date of completio	
CAREER H	IISTORY				
	we do not accept CVs as will be carried out on the		he application process. the application form only.		
Please acco	unt fully for any periods of til	me not s	pent in further education or employ	ment.	
EMPLOYM	ENT (Paid)				
Most recent	t or current post:				
Dates (from-to)	Position held	PT/FT	Name and address of employer	Final salary	Reason for leaving: If you are still in current post, why do you want to leave?
Details of	responsibilities/achieveme	ents:			
Previous en	nployment:				
Dates (from-to)	Position held, including a brief outline of responsibilities	PT/ FT	Name and address of employer	Final salary	Reason for leaving

VOLUNTARY PLACEMENTS - please give current or most recent first.

Dates (from-to)	Role, including a brief outline of responsibilities	PT/ FT	Name and address of organisation	Hours per week/month (please specify)	Reason for undertaking the placement

REFEREES

Please give details of current/ most recent employer	Please give details of one other person (not a relative) who can give a PROFESSIONAL reference.	
May we approach prior to interview? YES/NO	May we approach prior to interview? YES/NO	
Name:	Name:	
Position:	Position:	
Address:	Address:	
Postcode:	Postcode:	
Telephone Number:	Telephone Number:	
Email address:	Email address:	
Do your referees know you by any other name? If so	please state:	

Please outline below your relevant experience and achievements that show you are suitable for this post. (Continue on one separate A4 sized sheet if necessary, with your name clearly marked).

ADDITIONAL INFORMATION

What period of notice are you required to give?
Where did you learn of this vacancy?
Are there any dates during the next month when you will not be available for interview?
Do you hold a current driving licence? YES/NO
Do you require a Work Permit? YES/NO
DISCLOSURE OF INFORMATION
Are you related to anyone on the Headway East London Board of Directors? YES/NO
If YES, please give details
Because of the nature of the work concerned, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. Any such information given will be completely confidential and will be considered only in relation to your application for this post. In order to fulfil this requirement, would you please complete the following details:
Have you ever had a conviction? YES/NO
If yes, 1. When did this take place?
2. What was the charge?
 IMPORTANT NOTE: The following may result in disqualification: Canvassing a member of the Management Committee. Failure to disclose a relationship with a member of the Management Committee. Failure to disclose convictions, including "spent" ones if applicable.
I understand that this appointment may be subject to a medical assessment. I certify that the above information is correct and accept that false information given may result in the termination of any subsequent employment gained.
Signature:
Date:

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO: recruitment@headwayeastlondon.org

OR POST TO:

HEADWAY EAST LONDON; TIMBER WHARF, 238–240 KINGSLAND ROAD, LONDON E2 8AX