

## APPLICATION FORM

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

<b>APPLYING FOR THE POSITION OF:</b>	
<b>Title</b>	<b>Address</b>
<b>Surname</b>	
<b>First Name</b>	<b>Postcode</b>
<b>Email</b>	<b>Telephone</b>

### EDUCATION

**Please list any relevant qualifications, including dates and the year they were obtained, starting with the most recent.**  
**If you are applying for a Therapy role please include the name of the professional registration body, registration / pin number and expiry date**

## WORK EXPERIENCE

Please list your work experience (paid or voluntary), starting with the most recent. Include dates, position held and a brief description of your responsibilities. Please outline the reason for any significant gaps. You are welcome to copy and paste this information from your CV.

## REFEREES

<u>Current / Most recent employer</u>	<u>One other person (not a relative) who can give a professional/ character reference.</u>
Name	Name
Position	Position
Address	Address
Postcode	Postcode
Telephone number	Telephone number
Email address	Email address

Everyone at Headway East London contributes to our success. If you don't meet all the criteria but are passionate and have skills and experience you think will be valuable to Headway East London, we would love to receive an application from you.

## **SKILLS AND EXPERIENCE**

**Why did you apply for this role, and what you would bring to Headway East London?**

**Please answer this question with reference to your previous experience. (Try to keep your answer to one side of A4)**

### 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 require a Work Permit? YES / NO

### DISCLOSURE OF INFORMATION

Are you related to anyone on the Headway East London Board? 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: 1. Canvassing a member of the Management Committee. 2. Failure to disclose a relationship with a member of the Management Committee. 3. Failure to disclose convictions, including "spent" ones if applicable.

I understand that this appointment may be subject to an occupational health assessment and DBS.	
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](mailto:recruitment@headwayeastlondon.org)**

**OR POST TO:**

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

*HEL is committed to protecting all personal information collected, and is transparent about why we do so and what we do with it. For full details please see the Privacy Policy section on our website*