



# Confidential Application Form

Post Ref			
	Oct	0	8
Applicant No.			

*Providing advice & support for families who have children with an autistic spectrum condition*

*For your application to be considered, it is essential that you complete all the relevant sections of this form. Additional supporting information, e.g. Curriculum Vitae, may be attached if you feel this will be helpful.*

POST TITLE:
WHERE DID YOU SEE THIS POST ADVERTISED?

SURNAME(S) (Block Capitals)	FIRST NAME(S)
ADDRESS	TELEPHONE NUMBERS:
POSTCODE	HOME:
WHEN COULD YOU COMMENCE DUTIES IF APPOINTED?	WORK:

<b>EQUAL OPPORTUNITIES STATEMENT</b>
The Main Project will afford equal opportunity in all aspects of employment, irrespective of disability, gender, race, religious belief, age, sexuality or marital status.
The Main Project supports from people with a variety of backgrounds.

**PRESENT (or most recent) employment**

Post Title (please state hours per week)	Salary/Wage and Scale/Grade if known
Name and Address of Employer	Date Appointed
Main Duties and Responsibilities (in brief)	

Please give details of all instances of sickness absence over the last two years including date and reasons: (Continue on separate sheet if necessary).
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*We take our responsibilities for safeguarding our children & young adults very seriously, and will take steps to check on the applicant's suitability for work with children and vulnerable young people. Please note that this post falls within the Exceptions Order of the Rehabilitation of Offenders Act 1974. You should tell us about any convictions which may be relevant.*

**EDUCATION**

(Applicants should be prepared to produce evidence of qualifications held, if appointed)

Give details of Secondary Schools attended and Further/Higher Education (where appropriate). Please include particulars of Qualifications obtained, including subjects, levels and grades where applicable.			
Secondary School(s) Attended	Dates from - to	Qualifications Obtained	Results/Grades
Colleges/Universities Attended (if applicable)	Dates from - to	Qualifications Obtained	Results/Grades

<p>OTHER COURSES - please include dates, duration (full or part time) and name of organising body.</p>
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<p>MEMBERSHIP OF PROFESSIONAL/TECHNICAL BODIES (where relevant)</p>
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PREVIOUS EMPLOYMENT (Please list in date order)

DATES		DETAILS OF POST (main duties and responsibilities in brief and reason for leaving)	NAME OF EMPLOYER	SALARY/WAGES/ GRADE/ SCALE
From	To			

**NAMES AND CONTACT DETAILS OF TWO REFEREES**

State position and status of two people who can be asked for information about you. Wherever possible the applicant's present employer should be one of the referees. Please check that you are providing accurate and up to date contact information.

1. \_\_\_\_\_ 2. \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Can this person be contacted without further reference to you? YES/NO Can this person be contacted without further reference to you? YES/NO

