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|  |  | Confidential Application for Employment 2019  **Postal applications, please send to**  Recruitment, Dog Assistance in Disability  Earlyworld House  7 Darwin Court, Oxon Business Park  Welshpool Road  Shrewsbury, Shropshire, SY3 5AL  Alternatively, email your application to the address  given on our website [www.dogaid.org.uk](http://www.dogaid.org.uk) |
| **Personal Details** |  |  |

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| Applicant Information | | | | | | | | | | |
| Position Applied for: | |  | | | | | | | | |
| Where did you see this post advertised? | |  | | | | | | | | |
| Last Name |  | | | First Name(s) | |  | | Title: | |  |
| Address |  | | | | | | | | | |
| City |  | | | County | |  | Postcode | |  | |
| Phone(s) |  | | | E-mail Address |  | | | | | |
| Do you hold a current driving licence\*  Yes  No | | | Do you have the use of a motor car\*  Yes  No | | | | | | | |
| * Please refer to the Job Description if this question is applicable to the role | | | | | | | | | | |
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| **Membership of professional Bodies (where applicable:)** | | | |
| Name |  | Renewal/  Expiry date |  |
| Membership/Status |  | Number |  |
| Name |  | Renewal/Expiry date |  |
| Membership/Status |  | Number |  |

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| Do you know any member of staff that works for Dog A.I.D.?  If so please state in what capacity they are known to you (family/friend etc) |  |

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| **Career Details** | | | | | | |
| Please start with current or most recent employment and then work backwards. Include a note of all periods of unemployment, travel etc in the space provided so there are no gaps in the record.  \*Please specify separately under salary the benefits, allowances or bonuses included within the remuneration package | | | | | | |
| Date from/to  Month/year | Employers Name and address | | Job Title | Salary | Main Duties | Reason for Leaving |
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| **Gaps in your employment – please provide information of any gaps in employment** | | |
| From (month/year) | To (month/year) | Reason |
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| **Supporting Statement** |
| This part of the application form gives you the opportunity to provide further information in support of your application**, please use this to demonstrate how your previous experience enables you to satisfy the essential and desirable criteria on the person specification.** You may continue on a separate sheet if necessary**.** |
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| Criminal Convictions | | | |
| Applicants should note that this post is covered by the Rehabilitation of Offenders Act 1974 (Exception)(Amendment) Order 1986 and therefore any bind overs, cautions or convictions (current or those regarded as ‘spent’) must be disclosed. You will be required to give details of these if you are shortlisted for interview. Should you be offered this post, failure to provide this information will be regarded are grounds for dismissal.  In accordance with guidance for the protection of vulnerable children and/or adults, all successful applicants will automatically be subject to a DBS Check at a level appropriate for the role. | | | |
| Do you have any bind over orders, cautions or convictions? | YES | NO |  |
| Do you have any prosecutions pending? | YES | NO |  |
| Do you have, or have you had, any investigations or proceedings undertaken against you by your professional or regulatory body (if applicable) | YES | NO |  |

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| References | | | |
| Please give the name, address and position of two referees that we may contact (not relatives or personal friends).  At least one of these **MUST** be from your current/last employer | | | |
| Name |  | Name |  |
| Job Title |  | Job Title |  |
| Organisation |  | Organisation |  |
| Address in full |  | Address in full |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| Relationship (e.g. line manager) |  | Relationship (e.g. line manager) |  |
| Please note that referees will only be contacted in the event of a conditional offer | | | |

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| education, Training and qualifications | | | |
| School (schools attended from age 11) | | Examinations (subjects/results) | |
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| Further/Higher Education | Course | | Qualification |
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| Special Courses/other Qualifications | | Results and Dates | |
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| Declaration | | | |
| I declare that all information given by me in this document is correct and will form part of my contract of employment should I be offered a post with Dog Assistance in Disability. I agree to the organisation verifying the information given. Any false statement may be sufficient cause for rejections or, if employed, dismissal without notice. I also confirm that I am not disqualified from working with vulnerable children and / or adults and understand that an appropriate level DBS Disclosure will be sought in the event of a successful application.  I understand and agree that data contained in the application form will be used and processed for recruitment purposes and in line with the current retention policy of the charity and the charity’s Privacy Notice.  I understand and agree that I should become an employee, the information will also be used for employment related purposes I agree to Dog A.I.D. holding and processing this information. In the event of unsuccessful application, this information will be destroyed. | | | |
| Signature |  | Date |  |

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| **Please check this box if applying electronically**  I confirm that all the information provided in this application is accurate and correct and has been completed by myself. I acknowledge that I have read and agreed with the above declaration, and the policies that accompany this application. |