

*EDAS is an Equal Opportunities employer.
We welcome applicants from all sections of the community and are particularly aware to ensure proper representation in terms of Race, Gender, Ethnicity & Disability.*
IF YOU REQUIRE THIS FORM IN A DIFFERENT FORMAT PLEASE CONTACT THE H.R. DEPARTMENT.



CONFIDENTIAL

Application for the post of

Closing date for applications

PERSONAL DETAILS – please use block capitals

Name: Preferred Title..... Surname:.....Maiden Name (if applicable).....

First Names Email Address.....

Home Telephone No Mobile No:.....

Address:.....

Place of Birth.....National Insurance Number.....

If resident at the above address for less than five years please state previous address:

.....

Do you hold a current full driving licence?

Do you own or have the use of a car daily?

Disclosure & Barring Services (CRB) Disclosure Number

Do you give EDAS authorisation to check your disclosure Yes No

Have you ever been charged with, or summoned for, any offence?.....

Owing to the nature of the work, this post is excepted under the Exemptions Order (S1 1986 No.1249) of the Rehabilitation of Offenders Act 1974.

As such, you are required to declare details of all/any spent and unspent past court convictions, bindovers and cautions, and any judgements or investigations pending, in order to determine your suitability for appointment to this post.

Should you be offered the post, this offer will be subject to the Authority being satisfied as to your suitability, following a check on any record of convictions, bindovers or cautions with the Criminal Records Bureau, (together with any other additional recruitment checks).

In addition, you will be required to complete a Disclosure Application Form which will be sent to you following a (conditional) offer of appointment to this post.

Any information provided by the Criminal Records Bureau will not automatically result in the withdrawal of the offer, but will be taken into account in deciding whether the appointment should be confirmed.

This document and the information given in it, will be treated in the strictest confidence and will only be taken into consideration, if you are deemed successful at interview.

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Have you ever had a problem with drugs and/or alcoholYES NO

If yes which and how long have you been in recovery?

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What treatment did you receive for this?

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EDUCATION AND TRAINING

Qualifications and awarding bodies (most current first)

Examinations passed. (please state subjects and levels attained)

Awarding Body	Qualification	Grade	Institution where studied	Year

Non accredited courses attended

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EMPLOYMENT DETAILS

Please give details of present employment paid our unpaid – state if unemployed.

Post Held.....

Employers name and address.....

Date commenced.....Salary and Grade.....

Please tick if you agree to your employer being contacted prior to interview

Please give a brief description of duties and responsibilities.
(please attach a copy of your job description if available)

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Please give details of previous employment paid or unpaid – most recent first.

Post Held.....Employer.....From.....To.....

Salary & Grade (for most recent appointments).....

Post Held.....Employer.....From.....To.....

Salary & Grade

Post
Held.....Employer.....From.....To.....

Salary & Grade (for most recent appointments).....

Post
Held.....Employer.....From.....To.....

Salary & Grade (for most recent appointments)

Post
Held.....Employer.....From.....To.....

Salary & Grade (for most recent appointments).....

What are your reasons for applying for this post and what do you believe you can offer or bring to the position?

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(Please continue on separate sheet)

PLEASE STATE RELEVANT EXPERIENCE:

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(Please continue on separate sheet)

LEISURE ACTIVITIES/OUTSIDE INTERESTS

(Please include any position of responsibilities held, voluntary work undertaken etc.)

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(Please continue on separate sheet)

AVAILABILITY FOR EMPLOYMENT

Please state notice required by present employer

REFERENCES

Names, addresses and telephone numbers of two referees – one should be from your present employer or if you are currently unemployed, your last employer.

Unless you request otherwise your references may be taken up if you are shortlisted.

Reference will not be accepted from EDAS employees or family members.

Reference 1.

Name.....Position.....

Address:.....

Telephone No:..... Email address:

Reference 2.

Name.....

Position.....

Address:.....

.. Telephone No..... Email address:

I declare that the information I have given is a true account.

Signature.....Date.....

NOTE: Any further particulars which the candidate wishes to give in support of this application should be submitted on a separate sheet and annexed hereto.

PLEASE RETURN THIS APPLICATION FORM TO:

**Dr Mindy Bartlett
Serenitea EDAS
50 Ashely Road, Parkstone, Poole
Dorset BH14 9BN**

OR email it to mindy.bartlett@edasuk.org

REGISTERED CHARITY NUMBER 900565
REGISTERED COMPANY NUMBER 2497437