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Centre for Deaf and Hard of Hearing People,
The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

T: 0117 9398653 ● Text: 07749 313085

E: david@centrefordeaf.org.uk

**Application for Employment**

When you have completed your application form please return it to

The Centre for Deaf People, The Vassall Centre, Gill Avenue, Bristol, BS16 2QQ either by post FAO David Melling (remembering to mark the

envelope ‘Private and Confidential’ ) or by email to

david@centrefordeaf.org.uk

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| --- | --- |
| POST APPLIED FOR: |    Office Manager   |
| **CONTACT DETAILS** – (Please complete in black ink) |
| TITLE: |  |
|  |  |
| SURNAME:  |  |
|  |  |
| FORENAME(S):  |  |
|  |  |
| ADDRESS & |  |
| POST CODE |  |
|  |  |
| TEL NO. DAYTIME: |  |
| TEL NO. HOME:  |  |
| TEL NO. MOBILE:  |  |
| EMAIL: |  |
| **EMPLOYMENT or SELF EMPLOYMENT DETAILS** – Present job (or last job if not currently employed) |
|  |  |
| EMPLOYER’S NAME |  |
| & ADDRESS: |  |
|  |  |
| JOB TITLE: |  |
|  |  |
| DATES:  |  |
|  |  |
| PRESENT SALARY:  |  |
|  |  |
| DESCRIBE THE MAIN DUTIES AND RESPONSIBILITIES OF YOUR CURRENT OR MOST RECENT JOB: |
|  |
| WHAT IS YOUR NOTICE PERIOD OR EARLIEST DATE YOU COULD TAKE UP A POSITION WITH US? |
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| **PREVIOUS EMPLOYMENT** – (Starting with the most recent and please continue on a separate sheet if necessary) |
|  |  |
| EMPLOYER’S NAMEAND ADDRESS: | POST HELD | FROM | TO | REASON FOR LEAVING |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| **QUALIFICATIONS** – (Outline details of any qualifications that you have achieved) |
|  |
| **ATTENDANCE AT TRAINING COURSES RELEVANT TO YOUR** **EMPLOYMENT** |
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Please use the space below (and additional sheets if necessary) to

explain why you are applying for this post and how your work experience (whether paid or unpaid) and personal qualities meet each of the main duties and responsibilities of the post. It is recommended that you

carefully read the job description and person specification that are

included in the application pack.

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| **SUPPLEMENTARY INFORMATION** |
|  |  |
| Do you consider that you have a disability? | YES  | NO |
|  |  |
| Do you require any specific arrangements (such as a British Sign Language / English Interpreter for example) to be made for you to attend an interview? If so, please give details: |
| Are you eligible to work in the United Kingdom?(NB: Any offer of employment may be subject to you providing documentary evidence of your eligibility to work in the UK)  | YES         | NO |
|  |  |
| Have you ever been convicted of a criminal offence?(Declaration subject to the Rehabilitation of Offenders Act 1974) |  YES | NO  |

|  |  |
| --- | --- |
| **REFEREES** |  |
| NAME:  | NAME: |
|  |  |
| JOB TITLE:  | JOB TITLE:  |
|  |  |
| ADDRESS, | ADDRESS |
| & POST CODE  | & POST CODE |
|  |  |
| TEL NO:  | TEL NO:  |
|  |  |
| In what capacity do you know the person above? | In what capacity do you know the person above? |
|  |  |

**DECLARATION**

I certify that the information that I have provided on this form is true and correct. I understand that should any information provided subsequently be found to be false, any employment with The Centre for Deaf People, Bristol, may be terminated without notice.

|  |  |
| --- | --- |
| Signature:  | Date: |

**The information supplied on this form will be treated as confidential to the Centre for Deaf People, Bristol in accordance with the provisions of the Data Protection Act 1998.**