# image001Telford & Wrekin

**Registered Office:**

Suite 12 & 15,

Hazledine House,

Central Square,

Telford Centre,

Telford, Shropshire,

TF3 4JL

Tel: 01952 916035 [www.telfordandwrekincvs.org.uk](http://www.telfordandwrekincvs.org.uk)

**CVS**

*Involving, Inspiring, Supporting*

**APPLICATION FOR THE POST OF: Telford Autism Hub Family Support (Children 0-16 years)**

|  |  |
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| PERSONAL DETAILS | |
| SURNAME: | FORENAME(S): |
| ADDRESS: | |
|  | |
| TELEPHONE NUMBER: | E.MAIL ADDRESS: |

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| education PLEASE GIVE DETAILS OF SCHOOLS/COLLEGES ATTENDED WITH DETAILS OF QUALIFICATIONS OBTAINED | | | |
| **School/College/University** | **Date** | **Qualifications Obtained Inc. Subjects** | **Year** |
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| DETAILS OF ANY PROFESSIONAL QUALIFICATIONS |
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| **DETAILS OF ANY IN-SERVICE TRAINING ATTENDED** |
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| **CURRENT AND PREVIOUS WORK EXPERIENCE IN CHRONOLOGICAL ORDER** | | | |
| **Employer** | **Job Title** | **Dates**  **From - To** | **Reason**  **For Leaving** |
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| **SPECIAL INTERESTS AND EXPERIENCE INCLUDING VOLUNTARY WORK** | | |
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| WHY DO YOU WANT THE JOB? **WHAT PARTICULAR SKILLS AND EXPERIENCE WOULD YOU BRING?** | | |
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| REFEREES PLEASE GIVE BELOW DETAILS OF THE NAMES AND ADDRESSES OF TWO REFEREES  **INCLUDING YOUR MOST RECENT EMPLOYER WHO NEEDS TO BE THE HEAD OF THE ORGANISATION, EITHER REGIONALLY OR NATIONALLY** | | |
| **Name** | **Occupation** | **Address** |
| 1) |  |  |
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| 2) |  |  |
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| Do YOU drive? **YES**  **NO**  | do you own a car/ **YES**  **NO**   other transport? |

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| Do you have any convictions which are not spent under the  Rehabilitation of Offenders Act 1974 (ROA)? **YES**  **NO**   If ***yes,*** please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

All the information I have given here is true. I consent to the use of all this information for considering my application and understand that:

* It will be treated confidentially at all times.
* If I am successful it will form part of my personnel records.
* If I am unsuccessful the information will be destroyed after twelve months.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form should be returned** to Karen Morrow, Telford and Wrekin CVS, The Glebe Centre, Glebe Street, Wellington, Telford, Shropshire. TF1 1JP marked “**PRIVATE AND CONFIDENTIAL”** as soon as possible. **Closing Date: 3pm on Thursday 17 June 2021**