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|  |  | 8 Hill Street  Saffron Walden  Essex CB10 1JD    Tel: 01799 588 897  www.support4sight.org.uk |

**APPLICATION FOR EMPLOYMENT PRIVATE AND CONFIDENTIAL**

**Ref No: S4SCEF2021**

Please complete this form and return it electronically by email to [office@support4sight.org.uk](mailto:office@support4sight.org.uk)

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| 1. **PERSONAL DETAILS**   Surname: Forenames:  Title: Mr/ Ms/ Miss/ Mrs/ (Other please state) |
| Home Address:  Postcode:  Telephone No. Home Work:  Email: |
| When could you take up the appointment? |
| A report from your present employers will be required but we shall not approach them without your permission. May we approach them now? YES / NO / NOT EMPLOYED |

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| 1. **REFEREES**   Please supply two referees. One should be a present or most recent employer, or, if appropriate, a tutor. Please indicate in what capacity you know each referee | |
|  |  |
| Name:  Position  Address:  Postcode:  Telephone No:  How known | Name:  Position:  Address:  Postcode:  Telephone No:  How known |

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| 1. **COMPLETION OF THIS SECTION IS OPTIONAL** |
| Please describe your racial origin (e.g. Asian, African, White European)  ………………………………………………………………………………….  Marital Status: Sex: Male / Female  Date of Birth: Age:  Are you registered disabled? YES / NO  Do you have an illness/disability which would affect your work? YES / NO  If YES, please give details  What equipment would make your job easier?  How did you hear about the job? (newspaper-Weekly News, Walden Local, word of mouth, web or other (please specify)) |

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**APPLICATION FOR EMPLOYMENT PRIVATE AND CONFIDENTIAL**

## Please complete electronically or in black ink or typescript as these sections will need to be copied. Please use the form to include details of your skills and experience. You may attach a CV, but do not refer to it in your application.

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| ***For office use only*** POST TITLE:  **Ref No:** CLOSING DATE: |

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| 1. **EDUCATION AFTER THE AGE OF 11** | | |
| Dates | Place of Education / Training Course | Result / Qualification |
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| Please continue on a separate sheet if necessary | | |

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| 1. **EMPLOYMENT HISTORY (most recent first)** | | | |
| Dates | Name & Address of Employer | Position held and / or summary of duties | Reason for leaving |
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| **EMPLOYMENT HISTORY (continued)** | | | |
| Dates | Name & Address of Employer | Position held and / or summary of duties | Reason for leaving |
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| Continue on a separate sheet if necessary | | | |

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| 1. **MANDATORY INFORMATION** |
| Please show how your skill and experience (in paid or voluntary work, or arising from other interests) correspond to the requirements of the job for which you are applying. Add any further information about yourself that you may consider to be relevant. |
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| 1. **MANDATORY INFORMATION** |
| Please tell us why you applied for this role and what additional skills or experience you can offer Support 4 Sight. |
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| 1. **DECLARATION** I confirm that to the best of my knowledge the information given on this application for employment is true and correct.   Signed…………………………………………… Date……………………………  *Please return this form to* [*office@support4sight.org.uk*](mailto:office@support4sight.org.uk)  *or by post to the Cheryl Sugarman, Operations Manager, Support 4 Sight, 8 Hill Street, Saffron Walden, Essex CB10 1JD, marking the envelope “Confidential” with the job reference.* |