 **APPLICATION FORM**

**Role Applied For: Welfare Rights Adviser**

**Last Name:** Click or tap here to enter text.

**First Name:** Click or tap here to enter text.

**Home Address:**Click or tap here to enter text.

**Date of Birth:** Click or tap to enter a date.

**Email Address:**Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Mobile Number:** Click or tap here to enter text.

**Relevant Qualifications:**

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| --- | --- | --- | --- |
| **Date** | **Qualification Name** | **Awarding Body/Institute** | **Level** |
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**Recent Training Relevant to the Role**

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| --- | --- | --- | --- |
| **Date** | **Qualification Name** | **Awarding Body/Institute** | **Level** |
| Click or tap to enter a date. |  |  |  |
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**Employment History (Last 10 years/3 employers most recent first)**

1. **Employers Name:** Click or tap here to enter text.

**Employers Address:**Click or tap here to enter text.

**Date From:** Click or tap to enter a date. **Date To:** Click or tap to enter a date.

**Are you still employed with this employer:** Choose an item.

**Salary:** Click or tap here to enter text. **Level of Salary:** Choose an item.

**Job Title:** Choose an item.

**Reason for Leaving:** Click or tap here to enter text.

**Brief Description of Main Duties: (Max 200 words)**

Click or tap here to enter text.

**Current Notice Period Required:** Click or tap here to enter text.

1. **Employers Name:** Click or tap here to enter text.

**Employers Address:**Click or tap here to enter text.

**Date From:** Click or tap to enter a date. **Date To:** Click or tap to enter a date.

**Are you still employed with this employer:** Choose an item.

**Salary:** Click or tap here to enter text. **Level of Salary:** Choose an item.

**Job Title:** Choose an item.

**Reason for Leaving:** Click or tap here to enter text.

**Brief Description of Main Duties: (Max 200 words)**

Click or tap here to enter text.

1. **Employers Name:** Click or tap here to enter text.

**Employers Address:**Click or tap here to enter text.

**Date From:** Click or tap to enter a date. **Date To:** Click or tap to enter a date.

**Are you still employed with this employer:** Choose an item.

**Salary:** Click or tap here to enter text. **Level of Salary:** Choose an item.

**Job Title:** Choose an item.

**Reason for Leaving:** Click or tap here to enter text.

**Brief Description of Main Duties: (Max 200 words)**

Click or tap here to enter text.

**Relevant Skills and Experience (Maximum 300 words)**

Click or tap here to enter text.

**Please tell us why you have applied for this role (Maximum 100 words)**

Choose an item.

**Do you have a current driving license?** Choose an item.

**Please give details of any current driving offences currently under endorsement.**

**Endorsement:** Click or tap here to enter text. **Expiry Date:** Click or tap to enter a date.

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**Statutory Information**

1. Are you legally eligible for employment in the UK? Choose an item.
2. Do you have proof of your eligibility? Choose an item.
3. Do you require a work permit to work in the UK? Choose an item.
4. Are there any restrictions (restrictive covenants) from your current/previous employer(s) which will affect your work for the organisation? Choose an item.

If yes please state what these are**.** Click or tap here to enter text.

1. Have you ever been convicted of a criminal offence? Choose an item.

If yes please state the nature of the offence**.** Click or tap here to enter text.

Date of conviction. Click or tap to enter a date.

1. Cancer Support Yorkshire will need for the majority of our roles to apply for a DBS check. Are you happy to proceed with this? Choose an item.

**Possible Conflict of Interest Declaration**

**Do you know any members of staff/Trustees currently working for/with the organisation?**

Choose an item.

**If yes, please give their name:** Click or tap here to enter text.

**References**

1. **Business Reference – Last employer**

**Name of referee:** Click or tap here to enter text.

**Their role:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

1. **Second Reference**

**Name of referee:** Click or tap here to enter text.

**Their role:** Click or tap here to enter text.

**In what capacity are you known to them?** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Email:** Click or tap here to enter text.

**Telephone Number:** Click or tap here to enter text.

**Please note that we will not be contacting your employer in advance of interview. If you are successful and an offer is made, your references will form part of our employment checks required, prior to a confirmed offer of employment.**

**Declaration**

I can confirm that to the best of my knowledge the information I have detailed within this application form is correct. I accept that should I have deliberately provided false information this could result in the withdrawal of any job offer or termination of employment with immediate effect. I am aware that the job if offered will be subject to satisfactory employment checks including DBS and references.

**Signature:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**An electronic signature is acceptable, but will need to be verified should you be offered employment.**