



INVESTORS IN PEOPLE

STRICTLY CONFIDENTIAL

Job Application Form

Application No.



SANDWELL
Community
Caring Trust Ltd

Post Title	
Ref No.	Closing Date

PLEASE NOTE THE FOLLOWING:

- CV's cannot be accepted ▪ Please complete this form in BLACK INK ▪
 - Receipt of this application will only be acknowledged on the provision of an accompanying stamped, self-addressed envelope ▪
 - Canvassing members of The Trust (either directly or indirectly) for any appointment shall disqualify the candidate concerned ▪
- When completed, please return to:

Sandwell Community Caring Trust Ltd,
St Kilda Community Care Centre, 15 Drew Street, Brixham, TQ5 9JU

Present or Most Recent Employment

Name of Employer	
Address of Workplace	
	Post Code
Post Held	Date Appointed
Salary/Wages £	Grade/Scale
	Other Benefits
Date Left or Period of Notice Req'd	
Reason for Leaving	

Brief Description of Duties

(Please continue on page 4, or attach additional sheets if necessary)

Previous Employment*(Starting with the most recent and work backwards .Include all jobs held with Sandwell Community Caring Trust Ltd)*

From (mm/yyyy)	To (mm/yyyy)	Length of Service	Name of Employer	Post Held	Full Time/ Part Time	Reason for Leaving

Qualifications*(Starting with the most recent)*

Name of School/College/Provider	From (mm/yy)	To (mm/yy)	Full Time/ Part Time	Qualifications Gained (or being sought)	Date Awarded	Grades Obtained

*(NOTE: Successful candidates will be required to provide proof of qualifications)***Membership of Professional Institutions***(Please indicate memberships of any organisations appropriate to position applied for)*

Name of Organisation	Type of Membership	Was entry obtained through examination	Date of Enrolment (year)

Training

(Please list any other relevant training courses you have attended)

Year	Training Provider	Course Details	Course Length

References

(Please provide the names, addresses and occupations of two persons for reference. One of these must be your most recent employer. School leavers should give their Head teacher. Family and Friends will not be accepted as referees)

Referee 1	Referee 2
Name	Name
Job Title	Job Title
Address	Address
Telephone No	Telephone No
Email Address	Email Address
In what capacity do they know you	In what capacity do they know you
May we contact this referee without further reference to yourself Y <input type="checkbox"/> N <input type="checkbox"/>	May we contact this referee without further reference to yourself Y <input type="checkbox"/> N <input type="checkbox"/>

Consent and Confirmation of Details

I Consent to Sandwell Community Caring Trust Ltd recording and processing the information detailed in this application form in accordance with the Data Protection Act 1998. I certify that the information supplied within the application is correct and without omission. I understand that if I falsify information on this application, my contract may be terminated.

Signature	Date
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Further Details

In the space provided below, please give any additional information which you may think will help us in considering your application. You may wish to include more details of the duties and responsibilities of you present (or most recent) job, in or outside of work, or other relevant experience. Additional sheets may be attached if necessary.