

Healthwatch Cornwall

Application Form

#### POSITION

|  |  |
| --- | --- |
| **Title of post as advertised:** |  |
| **Where you heard about this vacancy:** |  |

# PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname:** |  | **Title:** |  |
| **First names in full:** |  | | |
| **Preferred first name:** |  | | |
| **Address:** |  | | |
| **Postcode:** |  | | |
| **Telephone Number:** |  | | |
| **Email address:** |  | | |

# QUALIFICATIONS AND EDUCATION

**Professional qualifications gained including diplomas, NVQs, degrees etc.**

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| --- | --- |
| **Date achieved:** | **Qualification:** |
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**Schools/colleges attended, and qualifications gained:**

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| --- | --- | --- | --- | --- |
| **Dates** | | **School** | **Qualification** | **Grade** |
| **From** | **To** |
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# CURRENT OR MOST RECENT EMPLOYMENT

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| --- | --- | --- | --- |
| **Name of employer:** |  | | |
| **Address:** |  | | |
| **Telephone number:** |  | | |
| **Role title:** |  | | |
| **Nature of employment - duties and responsibilities:** |  | | |
| **Date appointment commenced:** |  | **Date terminated:** |  |
| **Reason for leaving:** |  | | |

# PREVIOUS EMPLOYMENT *(please use additional sheet if necessary)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | **Name and address of employer** | **Job title, brief details of duties/responsibilities** | **Reason for leaving** |
| **From** | **To** |
|  |  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Dates** | | **Name and address of employer** | **Job title, brief details of duties/responsibilities** | **Reason for leaving** |
| **From** | **To** |
|  |  |  |  |  |
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# SUPPORTING STATEMENT *(please use additional sheet if necessary)*

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| **Please tell us why you think you are ideally suited to this role:** |
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# ADDITIONAL INFORMATION

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| **Please outline any voluntary experience, or voluntary groups or charities that you have been involved with, and what your role was.** |
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| **Are you able to travel independently to meet the requirements of the post?** |  | **Do you have your own transport?** |  |

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| **Declaration under the Rehabilitation of Offenders Act 1974** | |
| **Do you have any unspent criminal convictions or conditional cautions*? (You do not need to disclose anything that is spent)*** |  |

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| --- | --- |
| **Asylum and Immigration Act 1996** | |
| To enable us to comply with our obligations under the Asylum and Immigration Act 1996, you will be asked to provide written proof of your right to work in the United Kingdom before any job offer is made to you. You will be given details of the original document or documents that are required at the appropriate time. | |
| **Are there any restrictions regarding your right to work in the UK?**  **If ‘Yes’ please provide more information below.** |  |
|  | |

# REFEREES *(references are taken up prior to interview unless you ask us not to)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **Telephone number:** |  | **Telephone number:** |  |
| **Email address:** |  | **Email address:** |  |
| **Check here if you would prefer references not to be taken up before interview** | | **Check here if you would prefer references not to be taken up before interview** | |

# DECLARATION

**I declare that the information I have given on this form is to my best knowledge true and accurate. I understand that any false statement made may be sufficient cause for rejection or, if employed, dismissal.**

**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 company records; if I am unsuccessful the information will be destroyed after one year to comply with Data Protection regulations.**

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

Please return your completed application form, marked ‘RECRUITMENT CONFIDENTIAL’ to:

Recruitment, Healthwatch Cornwall, Suite 1, Calenick House, Heron Way,

Newham, Truro, TR1 2XN

Alternatively, you may email it to  [admin@healthwatchcornwall.co.uk](mailto:%20admin@healthwatchcornwall.co.uk)

UNFORTUNATELY, WE ARE NOT ABLE TO ACKNOWLEDGE RECEIPT OF YOUR APPLICATION.

Thank you for taking the time to complete this application form.