

# APPLICATION FORM

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| For the Post of:  |  |
| Job Reference: |  |

As it may be necessary to photocopy this form, if you are completing it by hand please use BLOCK CAPITALS and **black** or **blue** ink. A curriculum vitae (CV) will not be accepted in place of this application form.

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| 1 | Personal Details |  |  |  |
| Last Name: |  |  | First Name: |  |
| Address: |  |  | Telephone: |  |
|  |  |  | Email: |  |
|  |  |  |  |  |
|  |  |  | Postcode: |  |

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| **2** | **References** |
|  | Please give the names and addresses of **two** persons, including your present or most recent employer, whom we may approach for a reference. Members of your family should not be given as referees. In normal circumstances references will only be taken up for those successful at interview. We reserve the right to contact any previous employer. |

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| Present or Most Recent Employer |  | Referee 2 |
| Full name: |  |  | Full name: |  |
| Job Title: |  |  | Job Title: |  |
| Company: |  |  | Company: |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Email: |  |  | Email: |  |
|  |  |  |
| Telephone: |  |  | Telephone: |  |
| If you **do not wish us to approach this referee prior to interview, please mark here** |  | If you **do not wish us to approach this referee prior to interview, please mark here** |
|  |  [ ]  |  |  |  [ ]  |
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| **3** | **Present or Most Recent Employment** |
| Job Title: |  |
| Name of Employer: |  |
| Address of Employer: |  |
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| Date of Appointment:  | Date of Leaving:  |
| Period of Notice Required:  | Present or Most recent Salary:  |
| Full-time  Part-Time Part-Time [ ]  | (Please tick appropriate box) |
| Summary of Duties and Responsibilities:  |
|  | Reason for leaving/ Wishing to Leave:  |

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| **4** | **Employment History** |
| Please provide details of your employment history to date, starting with the most recent and accounting for any periods of time since leaving school not spent in employment e.g. full-time education or other circumstances (continue on additional sheets if necessary). |
| **Name and Address of Employer**  | **From****(month and year)** | **To****(month and year)** | **Job Title and Main Duties** | **Reason For Leaving** |
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| **5** | **Secondary, Further and Higher Education (or equivalent)** |
| **School/College/****University Attended** | **From**  | **To** | **Subjects/Courses** | **Results** |
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| **6** | **Professional Qualifications Obtained** |
| **Name of Awarding Body** | **Qualification** | Grade (if applicable) |
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| **7** | **Other Qualifications and Training not Covered Above** |
| **Title** | **Date** | **Areas Covered** | Where Undertaken |
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| **8** | **Membership of Professional Associations** |
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Proof of all qualifications and membership of professional associations will be required before appointment is confirmed.

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| **9** | Interests |
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| **10** | Driving Licence |
| Do you hold a current driving licence ?  | Yes No  |
| Restrictions & Endorsements (past or pending)  |
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| **11** | **Additional Information in Support of your Application** |
| *Please describe how your skills, knowledge and experience are relevant to the post applied for. Please consider carefully the information you have been given before completing this section. If necessary, continue on additional sheets of A4 paper. Please ensure your name and the post you are applying for are clearly marked on any supplementary sheets.* |

Please give your reasons for making this application. You need to read the job specification carefully, and then explain how your skills, abilities and experience fit you for this post. These may have been gained through paid employment, voluntary / community work, domestic responsibilities, spare time activities and training.

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| **12** | **Declaration** |
| I certify that, to the best of my knowledge, the information given in this form is accurate and without omission. I understand and agree that this information may be stored and processed in accordance with the Data Protection Act 1998 and that LNW may take steps to verify the information I have provided, through references and checks of my qualifications and professional memberships. I also confirm that I am physically and mentally fit to undertake the role for which I have applied and there are no health issues that would prevent me from carrying out the responsibilities of the post.[[1]](#footnote-1)§ |
| ***Applicant’s Signature*** |  |  | ***Date*** |  |

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| On completion, this form should be returned to: Dayna.Mehrdad@westlearn.org.uk  | **Learning Network West****117 Brook Street****Glasgow G40 3AP** |

**Please ensure that your name and the title of the post you are applying for are clearly marked on all additional sheets**

1. ***§ LNW will meet our obligations under the Equality Act 2010 to make ‘reasonable’ adjustments, where appropriate.*** [↑](#footnote-ref-1)