



Founded in 1892

Westbrook Road,
Godalming,
Surrey
GU7 2QH
Tel: 01483 415095
Fax: 01483 414101
Email: info@meath.org.uk

CONFIDENTIAL APPLICATION FORM FOR EMPLOYMENT

ALL SECTIONS OF THE FORM MUST BE COMPLETED

1. Position applied for :
Day time applications only: Do you require full or part time hours?
Night staff applications only: How many nights per week do you wish to work?
Available to take up employment (date) :

2. Personal Details
Title (Mr/Mrs/Ms/Miss) :
Surname: Forenames:
Address:
Post Code:
Private Tel No: Business Tel No:
National Insurance No:

3. Please give details of any holiday commitments during the next 12 months:

4. Please give the name of any relations or friends working for us:

5. If you are applying for a part-time post, will you be continuing or commencing part-time work elsewhere?

6. Have you given notice to your current employer? YES/ NO

7. Rehabilitation of Offenders Act 1974 – Exemption form S4 (2).
Employment at The Meath is exempted from the above and volunteers may not withhold information about “spent” convictions.

If you have any convictions, bind overs or cautions, please give details of the offence (s), with dates. If you do not, please write ‘None’.

On successful application, in accordance with the Police Act 1997 (Part V), Enhanced Disclosure, you will be required to give written permission for a CRB Disclosure to be made for any record of any conviction, bind over or caution. Any failure to disclose any conviction, bind over or caution may disqualify you from appointment or may result in summary dismissal by Meath once employment has commenced.

8. Please give reasons for applying to The Meath:

9.	Details of Senior & Further Education	From	To	Qualifications

10. Details of Formal Training: (NVQ, Emergency Aid, Moving Handling etc)	Date

11. Employment History: (A CV may be submitted to cover this section)

Please give details of your previous employment, starting with your most recent job, and include dates of employment. Typed CVs are accepted.

Date From/To	Name, Address & Tel No (Nature of Business)	Description of Job & Responsibilities	Reason for Leaving

Any other relevant care experience:

12. Please give the names, addresses and telephone numbers of 2 people who may be contacted to provide references, one of who should be your current or previous employer.

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You **MAY/MAY NOT** contact my referees immediately. (Please delete as applicable)

You will be required at interview to produce evidence that you are entitled to be employed in the UK.

I confirm that the information given on this form is accurate. If any statement given is false or misleading I understand that this will lead to dismissal.

Signed:

Date:

Please return your completed form to:

**The HR Manager
The Meath Epilepsy Trust
Westbrook Road
Godalming
Surrey GU7 2QH.
Tel: 01483 415095 Fax: 01483 414101
Website: www.meath.org.uk**

FOR OFFICE USE ONLY

Date Application Form Received		Date References Taken Up	
Candidate Shortlisted		Date References Received	
Interview Date		Offer Letter sent out	
Letter of Refusal			