**Job Application Form**

1. **Application Details**

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| **POST APPLIED FOR** | | | | | |
| Prevention Programme Manager | | | | | |
| Title: |  | | | Surname: |  |
| Forenames: | |  | | | |
| Home Address : | |  | | | |
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| Postcode : | | |  | | |
| Home Phone Number: | | |  | | |
| Mobile Phone Number: | | |  | | |
| E-Mail: | | |  | | |
| Preferred Contact Method : | | | Home Phone / Email / Mobile Phone | | |

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| National Insurance Number |  | |
| Do you have the Right to Work in the UK? Yes  No  Please note: original identification documents verifying your right to work in the UK will be requested, checked and a photocopy will be taken. If your application is successful and you commence employment the copy of your identification documents will be retained on file under the regulations governed by the Immigration, Asylum and Nationality Act. | |  |
| Current driving licence (if this is a requirement of this job):  If YES, type of licence (provisional / full) | **Yes No** | |
| Do you have access to your own vehicle (car/bike etc) | **Yes No** | |
| Where did you hear about this vacancy? |  | |

Please provide us with any dates within the next four weeks that you may not be available for Interview.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

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| **2. Education/Qualifications** (including overseas) Please start with your most recent education. | | | | | | | |
| From | | To | | Secondary School/ | Examinations taken | Results | Date |
| mth | yr | mth | yr | College/University etc. | or to be taken | & grades | gained |
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| **3. Training** Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification. | | | |
| Year | Organising body | Course title | Length |
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| **4. Professional Membership**  Please indicate membership of any organisation(s) relevant to this job. | | |
| Name of organisation | Type of membership | Date of membership |
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| **5. Present or Most Recent Employment** | | | | | | |
| From | | To | | Employer (Company Name & Address) | Job Title | Salary |
| mth | yr | mth | yr |  |  |  |
|  |  |  |  |  |  |  |
| Please outline your main duties including who you were responsible to and your reasons for leaving: | | | | | | |
|  | | | | | | |
| **6. Past Employment & Experience** (include voluntary or other relevant work experience). | | | | | | |
| From | | To | | Employer (Name & Address) | Job Title & Main Duties | Reason for change and salary on leaving |
| mth | yr | mth | yr |  |  |  |
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**7. References**

Please provide the names and addresses of two referees (one must be your most recent employer):

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| Name and Capacity Known | Their Organisation and Occupation / Job Title | Address, contact telephone number and email address |
| 1. |  |  |
| 2. |  |  |

Do you object to your referees being contacted prior to interview?

Yes No

How much notice period do you have to give to your current employer? ……………………………..…

What date would you be available to start with us? ..................................................................

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| **8. Other information in Support of your Application** |
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| In order for us to decide whether to call you for interview, it is essential that you provide us with sufficient details of any experience and skills which demonstrate how you meet the requirements of this job, as set out in the job description and person specification.You may also continue on a separate sheet(s) if you wish. You should ensure that any additional sheets are attached securely and include your name. |
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Please continue on a separate sheet if necessary

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| **9. Data Protection Act 1998 - Consent and Certification of Details** |
| The information detailed in this application form may be used by Cumbria Community Foundation in the monitoring and progression of its employment policies and practices. Your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs you will be identifiable. The information may be disclosed to the following third parties:   * Local Government Authorities * Central Government Authorities * Organisations that handle or investigate the proper use of public funds * Law Enforcement Authorities   Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job. Giving false information will result in your application not being pursued or your contract being terminated if you have already been appointment to the job.  I, (print name): |
| Consent to Cumbria Community Foundation recording and processing the information detailed in this application form. I understand that this information may be used by Cumbria Community Foundation in pursuance of its business purposes and my consent is conditional upon Cumbria Community Foundation complying with their obligations under the Data Protection Act 1998.  I also confirm that the information contained in this application form is correct.  Signature: Date: |
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| **Application forms not fully completed may be refused.** |

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| Please return the completed form marked Private and Confidential accompanied by a covering letter to Cath Howard, Chief Operating Officer, Cumbria Community Foundation, Dovenby Hall, Dovenby, Cockermouth, Cumbria, CA13 OPN  or  e-mail the covering letter and application form (subject line marked private and confidential) to cath@cumbriafoundation.org |