

Full Title _____

Vac No: _____

App No: _____

Please return your completed form, before the closing date, to:

Personnel Department, Plymouth Age Concern, Senior Management,
River View Centre, Astor Drive, Plymouth, Devon, PL4 9RD
Telephone: (01752) 256020 Fax: (01752) 251618

PLEASE COMPLETE IN BLACK INK

CV's WILL NOT BE ACCEPTED

The data you are about to provide will be used by Plymouth Age Concern solely to process your application for this vacancy and will not be passed to any third party.

1. PERSONAL DETAILS

Surname:	First Names:	Title
Address:	Telephone Number (s), including dial code: Daytime: Evening: Mobile: Other:	
National Insurance No.	Email Address:	

2. EDUCATION, QUALIFICATIONS and TRAINING (most recent first – give details of any currently being pursued - continue on separate sheet if necessary)

Qualification and Grade	Name and Address of Institution	Dates	
		From	To

3. OTHER SKILLS OR MEMBERSHIP TO PROFESSIONAL BODIES (If applicable)

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4. CURRENT OR MOST RECENT EMPLOYMENT

List last 10 years employment, including temporary or voluntary work. Use continuation sheet if required.

If offered the position how soon could you start? _____

Employer's Name, Address and type of business	Dates		Hours/ Week	Salary
	From	To		
1.				
Position held	Reason for leaving			
Principle responsibilities				
2.				
Position held	Reason for leaving			
Principle responsibilities				
3.				
Position held	Reason for leaving			
Principle responsibilities				
4.				
Position held	Reason for leaving			
Principle responsibilities				

5. PERSONAL STATEMENT

(Please complete as fully as possible, continue on one separate sheet only if necessary)

Please describe how your skills, experience and personal qualities relate to the job requirements, as attached in the Person Specification and/or the Job Description.

6. LEISURE ACTIVITIES (Including any social achievements)

7. REFERENCES

Please give details of two referees not related to you, **one of whom must be a relevant manager at your last place of employment.** If you do not give details of your last place of employment we will approach them for a reference. References are not requested until an offer of employment is made and accepted. Employment cannot commence until two satisfactory references have been received.

Name Address	Tel No.
	Email Address
	In what capacity does this person know you?

Name Address	Tel No.
	Email Address
	In what capacity does this person know you?

8. OTHER DETAILS

Do you hold a full and current driving license? YES/NO

Have you any endorsements on your driving license? YES*/NO

*If YES please give further details

Do you have access to transport for work purposes? YES/NO

Do you know any member of Plymouth Age Concern staff? YES*/NO

*If YES please give the person's name and their relationship to you

If you have been convicted of any offence, this MUST be disclosed (unless 'spent' under the Rehabilitation of Offenders Act, 1974). Failure to do so could result in dismissal or disciplinary action. You should be aware that under the Care Standards Act all Plymouth Age Concern posts are subject to an enhanced disclosure check through the Criminal Records Bureau.

9. DECLARATION

All the information I have given here is true and accurate. 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 personnel records;
- If I am unsuccessful the information will be destroyed after six months.

Signature:

Date: