

# The John William Lamb Charity

## CONFIDENTIAL - JOB APPLICATION FORM

**INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED**

**CVs WILL NOT BE ACCEPTED**

Application for the post of: **Charity Support Visitor**

All questions must be completed in full. Additional information can be included on a continuation sheet if necessary.

### **PERSONAL DETAILS**

Mr/Mrs/Miss/Ms (please circle)

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Address:

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Postcode: \_\_\_\_\_

Is this your permanent address? Yes  No

Are you a UK Citizen? Yes  No

Are you eligible to work in the UK? Yes  No

Tel No.:

Mobile No.:

E-mail:

Where did you see this post advertised?

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If appointed, when could you start?

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1. **Work experience** – Please include organisations, job titles, short summary of main duties, including relevant examples of level of responsibility, salary and other information relevant to this post

<b>Dates from - to</b>	<b>Last or present employer (incl. name, address, tel., contact name)</b>	<b>Job title and duties</b>	<b>Leaving date and reason</b>

All engagements are made on the basis of up to a 3-month probationary period (or as specified)

**2. Education** – Please give details of your education history with details of qualifications gained and courses attended

<b>Dates from - to</b>	<b>Institution attended e.g. school/college</b>	<b>Part-time / Full-time</b>	<b>Qualification(s) gained</b>

Please detail below any non-qualification courses you have attended:

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- 3. Personal Statement** – Please attach a statement showing how your experience, qualifications and personal qualities will enable you to meet the requirements of the post.  
Please limit your statement to one side of A4.

## REFEREES

Please supply name, address and contact telephone numbers of two referees – one of which should be your present or previous employer. It is the Charities policy not to contact referees before interview.

1.	2.
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## HEALTH DETAILS

**How many times have you been absent from work and why within the last twelve months?**

From – To	Reason

**Please list any diseases, allergies physical disability or medical condition you have suffered or do suffer from**

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**Have you suffered from any serious illness or undergone an operation in the last 2 years. If so, please give details.**

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**PERSONAL INFORMATION**

**Hobbies and outside interests**

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**Have you been convicted of a criminal offence (which is not a spent conviction within the meaning of the Rehabilitation of Offenders Act 1974)?**

Yes  No

Have you ever had any convictions or cautions for criminal offences, other than those considered spent under the Rehabilitation of Offenders Act?

Yes  No

**If YES, please attach details**

**Do you hold a current driving licence?**

Yes  No

**Any endorsements?**

Yes  No

**Are you a car owner?**

Yes  No

In order to meet our commitment to equal opportunities, please indicate below any access requirements you may have at the interview stage e.g. loop system

(Please note your answer will not be considered during the selection process)

I confirm that to the best of my knowledge, the information on this form is true and correct

Signed ..... Date .....

**Please return this form by email to:  
Helen Britton - helen@nottscf.org.uk**