



Registered Charity No. 1156447 **BEDFORD & DISTRICT CEREBRAL PALSY SOCIETY**

"ENABLING PEOPLE LIVING WITH C.P. TO LIVE LIFE THEIR WAY"

BDCPS, Bedford Centre for Voluntary Services, 43 Bromham Road, BEDFORD, MK40 2AA Tel: 01234 351759 Email - cp.enquiries@bdcps.org.uk

APPLICATION FOR EMPLOYMENT

You should complete this form in DARK INK or TYPE (please contact us if you need a different format and every effort will be made to accommodate this)

The information you provide in this form will be used solely for the purpose of this form. BDCPS has a Privacy Policy. Details of this can be found on our website. Your data will be stored and used in accordance with this policy.

Position Details	
Application for Post of	
How did you learn of Vacancy?	
(if advertisement seen, give name of	
publication)	

Persona	al Det	ails				
Title:	Mr/ Mr	Mr/ Mrs / Ms / Miss / Other (please state):				
Surname				Forename		
DOB				Age		
Address:						
		Postcode:				
Tel. (Home)			Tel:(mobile)		
Email addre	ess					
Education	on					
School, College, University etc.			Course deta	ills, Qualificati	on and Grade	Date passed
Manager						
You will ne	ed to pro	ovide copie	s of relevant	certificates		

For office use only: Date sent out:_

_Date Returned: _





Current Employment					
Employer's Name and Address	Job Title and Brief Summary of Duties and achievements			tart Date, Notice eriod, Reason r Leaving	
Previous Employn voluntary or unpaid work separate sheet if necessa	. Also account				
Employer's Name and Address	Job Title	From	То	Reason for Leaving	

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Driving								
Do you ha Licence?	ave a current Driving YES		S/NO	Ha	Has it been endorsed?		YES/NO	
Do you ha transport?	nave access to your own YES		S/NO	Are	e you MiDAS ti	rained?	YES/NO	
Referer	nces							
Name				Name				
Address				Addres	S			
Postcode	<u> </u>			Postco				
Contact te				Contac				
Email addr				Email a				
to applicar	ation/relationship			to appli		/relationship		
May we approach referee prior YES/						broach referee	prior to	YES/
to interview?					NO			
	s generally tak	e place o	n Wed				our availa	bility.
Weds 1pm -3pm Weds 5 pm-9 pm								
Employment Checks								
Do you have any convictions, cautions, reprimands or final warnings that are not 'protected' as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)								
· · ·	ase give details			,				
N.B. Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4 (2) of the Rehabilitations Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1974. Applicants are not entitled therefore, to withhold information about convictions which for other purposes are "spent" under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action. This post is working with vulnerable people therefore a criminal record check will be required through the Disclosure and Barring Service. Any information given will be completely confidential in line with our legal obligations to disclosure.								
	ared to undergo				req	uested		YES/NO
I confirm that I am entitled to work in the UK YES/NO								

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Have you been subject to disciplinary action (regardless of outcome) or	YES/NO
dismissed in any of your employment roles? If YES, please give details	
below.	
Delow.	

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Please use this sheet to demonstrate how you meet the person specification - we will shortlist against our criteria. If you are applying as a volunteer tell us why you are interested in the role and what you will bring to it. Please also use this space to provide any other information you may wish to give in support of your application.(Continue on further sheets as necessary and sign and date each one.)

I hereby declare that the information given in this form is, to the best of my knowledge, correct and gives an accurate representation of my application and employment history.

Signature	Date	

We require parental consent if you are under the age of 16 or 18 and in full time education.

Name of parent/guardian

Signed

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Date sent out:	_Date Returned:	



