



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 – ann@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)	

Personal Details						
Title:	Mr/ Mrs / Ms / Miss / Other (please state):					
Surname				Forename		
				•		
DOB				Age		
Address:						
		Doctoodo:				
Tel (lleme	Postcode:					
· · · ·	Tel. (Home) Tel:(mobile)					
Email addre						
Education						
School, College, University						
School, Co	llege, U	niversity	Course deta	ails, Qualificati	on and Grade	Date
School, Co etc.	llege, U	niversity	Course deta	ails, Qualificati	on and Grade	Date passed
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
	llege, U	niversity	Course deta	ills, Qualificati	on and Grade	
etc.			Course deta		on and Grade	

Current Employme	ent					
Employer's Name and Address	Job Title and Brief Summary of Duties and achievements			Start Date, Notice period, Reason for Leaving		
Previous Employment (Please enter most recent employment first including any voluntary or unpaid work. Also account for any breaks in employment. Continue on a separate sheet if necessary)						
Employer's Name and Address	Job Title	From	То	Reason for Leaving		

Driving							
Do you have a current Driving Licence?	YES	YES/NO		Has it been endorsed?		YES/NO	
Do you have access to your own	YES	/NO	Are yo	ou MiDAS t	rained?	YE	S/NO
transport?							
References		T					
Name		Name					
Address		Addres	S				
Postcode		Postco	de				
Contact tel no.		Contac	-				
Email address		Email a					
Association/relationship		Associa	ation/re	lationship			
to applicant		to appli		·			
May we approach referee prior	YES/	May we	e appro	ach referee	e prior to		YES/
	NO	interview?				NO	
Interviews will take place on Tuesday 14th December							
Employment Checks							
Do you have any unspent conditional cautions or convictions under the Rehabilitation of Offenders Act 1974? (Y/N)? Do you have any adult cautions (simple or conditional) or spent convictions that are not protected as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020? (Y/N)?" The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (2013 and 2020) provides that when applying for certain jobs and activities, certain convictions and cautions are considered 'protected'. This means that they do not need to be disclosed to employers, and if they are disclosed, employers cannot take them into account.							
If yes, please give details on separate sheet I am prepared to undergo a medical examination if requested							
	il exam	ination if	reque	sted		YF	S/NO

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

Please use this sheet to demonstrate how you meet the person specification - we will shortlist against our criteria. 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	