



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?<br>(if advertisement seen, give name of<br>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<br>etc.          | llege, U                                    | niversity | Course deta | ails, Qualificati | on and Grade | Date<br>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 |                |
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|                             | llege, U                                    | niversity | Course deta | ills, Qualificati | on and Grade |                |
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|                             | 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<br>and achievements |      |    | Start Date, Notice<br>period, Reason<br>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<br>Leaving                               |  |  |
|  |   |      |    |   |  |  |
|  |   |      |    |   |  |  |
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|  |   |      |    |   |  |  |

| 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<br>Rehabilitation of Offenders Act 1974? (Y/N)?<br>Do you have any adult cautions (simple or conditional) or spent convictions<br>that are not protected as defined by the Rehabilitation of Offenders Act 1974<br>(Exceptions) Order 1975 (Amendment) (England and Wales) Order 2020?<br>(Y/N)?"<br>The amendments to the Rehabilitation of Offenders Act 1974 (Exceptions)<br>Order 1975 (2013 and 2020) provides that when applying for certain jobs<br>and activities, certain convictions and cautions are considered 'protected'.<br>This means that they do not need to be disclosed to employers, and if they<br>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 |  |
|-----------|------|--|
|           |      |  |