**Please return this form to the Bolton Guild of Help. Scott House,**

**27 Silverwell Street Bolton BL1 1PP or email to info@boltonguildofhelp.org.uk**

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| Name |  |
| Address |  |
| Postcode |  |
| Home Telephone |  |
| Work Telephone | Can we phone you at work  Yes  No |
| Mobile |  |
| Email |  |
| Date of Birth |  |

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| **Education, job related qualification and specialised training** |
| **School/college/****Training provider** | **Qualification/training** | **Date attained** |
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| **Current Employment** |
| **Current employer (if applicable)** | **Role and Responsibilities** |
| Name and address |  |

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| **Previous employment**  |
| **Date** | **Employer** | **Job title and responsibilities** |
| **From** | **To** |
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| **Supporting statement** |
| Please tell us why you applied for this job and why you think you are the best person for the job. |
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| **References** |
| Name two persons to whom reference may be made concerning your suitability for the post. The name of your present employer should normally be given. We will only contact your referees if you are offered the post. |
| Name of first referee | Name of second referee |
| How is this person known to you? | How is this person known to you? |
| Address (incl. post code) | Address (incl. post code) |
| Telephone/mobile number: | Telephone/mobile number: |
| Email: | Email: |

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| The Bolton Guild of Help is committed to equal opportunities. If offered the role you will be asked to complete a pre-employment health questionnaire to ensure we can meet any needs you may have under the disability Act. |
| **Under the rehabilitation of Offenders Act 1974, do you have any unspent criminal convictions?** |
| Yes [ ]  No [ ] If you have ticked yes, write details on a separate sheet and attach to this form. Having a conviction will not necessarily be a barrier to your employment with the Guild but it will need to be taken into consideration when assessing your suitability.The posts will be subject to an enhanced DBS check due to the nature of the work undertaken by the organisation. |

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| **Declaration** |
| I declare to the best of my knowledge and belief, all statements contained in this form are correct and I understand that should I conceal any material fact, I will, if engaged, be liable to the termination of my contract of service with such notice as may be appropriate.I understand also that should my application be successful, my appointment will be subject to a satisfactory Enhanced CRB Disclosure. |
| **Signed:** | **Date:** |