**Application Form**

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| Position applied for: |  | Availability for position: |  |
| Where did you see this job advertised? |  | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | |
| Surname/Family name: |  | | Title: | Mr/Mrs/Ms/Miss/Dr | | |
| First names: |  | | Mobile No: |  | | |
| Previous or other names: |  | |  |  | | |
| Home Address: |  | | | | | |
|  | | | Post Code: |  | | |
| Email Address: |  | | | | | |
| Are you self-employed? | Yes |  | Are you a car owner? | | Yes |  |
| No |  | No |  |
| Nationality: |  | | Do you hold a clean driving license? | | Yes |  |
| No |  |
| Do you have personal liability insurance? | Yes |  | Do you have a valid DBS certificate? | | Yes |  |
| No |  |  | | No |  |

**If you are a national of a country outside Europe, please complete this section:**

|  |  |  |
| --- | --- | --- |
| Do you have a work permit for the UK? | Yes |  |
| No |  |
| If ‘Yes’, when does it expire? |  | |
| **You must have the right to work in the UK**  We will ask to see your work permit / visa | | |

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| **Present Employment** | | | | | |
| Employer name: |  | | Job Title: |  | |
| Address: | |  | | | |
|  | | | | Post Code: |  |
| Brief Description of duties: | |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Dates employed | From: |  | To: |  |
| Present grade / salary: |  | | Notice required: |  |
| Reason for leaving: |  | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Previous Employment (Since leaving school. Please note any gaps in employment)** | | | | | | |
| Employer Name: |  | | | Job Title: |  | |
| Address: | |  | | | | |
|  | | | | | Post Code: |  |
| Dates employed | | From: |  | | To: |  |
| Brief Description of duties: | |  | | | | |
| Reason for leaving: | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | Job Title: |  | |
| Address: | |  | | | | |
|  | | | | | Post Code: |  |
| Dates employed | | From: |  | | To: |  |
| Brief Description of duties: | |  | | | | |
| Reason for leaving: | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | Job Title: |  | |
| Address: | |  | | | | |
|  | | | | | Post Code: |  |
| Dates employed | | From: |  | | To: |  |
| Brief Description of duties: | |  | | | | |
| Reason for leaving: | |  | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employer Name: |  | | | Job Title: |  | |
| Address: | |  | | | | |
|  | | | | | Post Code: |  |
| Dates employed | | From: |  | | To: |  |
| Brief Description of duties: | |  | | | | |
| Reason for leaving: | |  | | | | |

**Please continue on a separate sheet if necessary**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Education, Training and Qualifications** | | | | |
| From (mm/yy): | To (mm/yy): | School/College/University attended since age 11: | Qualifications gained: | Grade: |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- |
| **Other relevant training, qualifications and short courses** | | | |
| From (mm/yy): | To (mm/yy): | Course or subject and where taken | Qualification gained (please include grade achieved if appropriate): |
|  |  |  |  |
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| **Professional Memberships** | | |
| Date: | Body: | Membership Status: |
|  |  |  |
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| --- |
| **Hobbies, interests, likes etc.** |
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| **Health** | | |
| Are there any aspects of your health, which may affect your ability to do the job for which you applied?  Please check the person specification for the post to see if there are any specific requirements. | Yes |  |
|  | No |  |
| If you have answered ‘Yes’, please give further details: | | |
|  | | |

**Application Statement**

Please tell us why you are applying for this job, why you think you would be a good fit for the role and anything else you would like us to know when considering your application.

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**Please continue on a separate sheet if necessary.**

|  |  |  |  |
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| Do you have a disability which may require adjustments to the interview process? | | Yes |  |
| No |  |
| If ‘Yes’, what adjustments will you need? |  | | |

**References**

**Please nominate two referees, one of which must be your most recent employer. References will be sought on all short-listed candidates prior to interview.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any objections to references being taken at this stage? | | | | | | Yes |  |
| No |  |
| Name: |  | | Name: |  | | | |
| Address: |  | | Address: |  | | | |
|  | | |  | | | | |
| Email Address: | |  | Email Address: | |  | | |
| Telephone No: | |  | Telephone No: | |  | | |
| Relationship: | |  | Relationship: | |  | | |

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| --- | --- | --- | --- |
| I declare that, to the best of my knowledge and belief, the information contained on this form is accurate. I understand that should my application be successful and it is discovered subsequently that information is false, this may lead to the termination of my contract.  The information on this form will be processed in accordance with the Data Protection Act 1998 and by signing this form you are consenting to this information, including sensitive data, being processed. If you are subsequently employed by acornABA Ltd. this information will form the basis of your employment records, otherwise it will be destroyed approximately 6 months after the vacancy is filled. | | | |
| Signed: |  | Date: |  |

Thank you for completing this application form. **Please return to:** [**acornABA@gmail.com**](mailto:acornABA@gmail.com)