**JOB APPLICATION FORM**

**Please return this form by email to –** [**ginny@braintumoursupport.co.uk**](mailto:ginny@braintumoursupport.co.uk)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **JOB TITLE** | Support Professional for Brain Tumour Support | | **SALARY** | As per advert |
| **BASE** | Home | | **HOURS** | As per Job Profile |
| **AREA** | Please state which area you are applying for: | | **RESPONSIBLE TO** | Support Services Manager |
| 1.Oxford – 28 hrs (2 yrs) |  |
| 2 Devon and Cornwall – 28 hrs |  |
| 3 Bristol, S Gloucestershire, Bath, Somerset – 35 hrs *(if applying for this post, please state whether FT or 0.5 WTE job share)* |  |

|  |
| --- |
| PERSONAL DETAILS |

|  |  |
| --- | --- |
| Title  Name  Address  Email | Home Telephone No.  Mobile Telephone No.  Do you have a current UK Driving Licence?  YES NO  Do you require a work permit/Visa to work in the UK? YES NO |

|  |
| --- |
| EMPLOYMENT HISTORY |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date  from - to** | **Employer** | **Job Title – brief description of job requirements** | **Reason for leaving** |
|  |  |  |  |

|  |
| --- |
| EDUCATION, TRAINING AND DEVELOPMENT – relevant to post |

|  |  |  |
| --- | --- | --- |
| **Date** | **Course/Qualification** | **School/College/University/Accreditation Centre** |
|  |  |  |

|  |
| --- |
| PERSONAL STATEMENT |

|  |
| --- |
| **With reference to the Person Specification and Job Profile provided, please provide details of relevant knowledge, experience, skills and abilities applicable to this post. These details may come from any aspect of your life: paid or unpaid work, volunteering, hobbies etc. Give examples where appropriate. Explain your reason for applying for this post and what makes you a suitable candidate.** |
|  |

|  |
| --- |
| REFERENCES – one must be your current or most recent employer; no approach will be made to this person until an offer of employment has been made |

|  |  |
| --- | --- |
| Name  Address  Email  Telephone No  Job Title  Manager  Relationship to referee | Name  Address  Email  Telephone No.  Job Title  Manager  Relationship to referee |

|  |
| --- |
| CRIMINAL CONVICTIONS |

The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal.

Do you have any previous convictions? YES NO

If yes, please detail offence(s) including dates (s) and sentences (s)

|  |
| --- |
| DECLARATION |

I certify that the information contained on this application form is accurate and true. I give my consent to the processing, transfer and disclosure of all information submitted by me during the recruitment process and throughout any subsequent periods of employment for pre-employment checks, equal opportunities monitoring, payroll operations and training subject to GDPR rules.

**Signed Date**

………………………………………………………………………………………. (You will be asked to sign in writing if offered the post)

**Please return this form by email to –** [**ginny@braintumoursupport.co.uk**](mailto:ginny@braintumoursupport.co.uk)