



WELLBEING ENTERPRISES CIC

APPLICATION FORM

This organisation is committed to Equal Opportunities and welcomes applications regardless of disability, sex, marital status, sexual orientation, race, colour, nationality, ethnic or national regions.

Post Applied For:
As advertised in:

PERSONAL INFORMATION:

Surname: **First Name(s)**

Address:

Postcode: **Telephone No(s):**

E-mail address:

Have you ever been convicted of a criminal offence?

If YES, please give details. This will not necessarily affect your application.

Important: If you are applying for a post connected with the provision of social services to: children and young persons; old people, disabled people or people with learning difficulties or which involves employment in a Youth Club or Centre **PLEASE NOTE** that, because of the nature of the work, such employment is *exempt* from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974 (Exemptions) Order, 1975. Applicants are not entitled, therefore, to withhold information about convictions which, for purposes, are ‘spent’ under the provisions of the Act. Any failure to disclose such convictions and, of course, any other convictions could if the applicant is given employment, result in dismissal or disciplinary action.

CURRENT OR MOST RECENT EMPLOYMENT (Voluntary/Paid/Education)

Employer:

Job Title:

Salary:

Date of Appointment:

Notice Required:

Please describe the main duties and responsibilities of this post:

(Please use separate sheet, if needed)

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EMPLOYMENT HISTORY

Please give details of all employment in chronological order (also include any activities where skills and experience were gained, eg. voluntary work)

EMPLOYER	DATES	POST

EDUCATIONAL AND PROFESSIONAL QUALIFICATIONS

Please list all academic, vocational, professional and technical qualifications in chronological order of award:

INSTITUTION	FROM	TO	QUALIFICATIONS

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REFERENCES

Please state the names and addresses of two people from whom references may be obtained. One must be from your current or most recent employer. In the absence of previous employment experience, a reference from your last place of full-time education will be a suitable alternative.

1. Name:

Post Code:

Telephone Number: (Day time/Evening)

E-mail address:

Relationship to applicant: **How long known:**

Can these references be taken up immediately?

2. Name:

Address:

Post Code:

Telephone Number: (Day time/Evening)

E-mail address:

Relationship to applicant: **How long known:**

Can these references be taken up immediately?

GENERAL

Are you related to any member of Wellbeing Enterprises' Management Committee/ employees?

STATEMENT IN SUPPORT OF APPLICATION

Please state your reason for applying for this post and **why you think you meet its requirements as outlined in the person specification.**

Please also include details of any interest, activities or voluntary work, which you consider appropriate. Please include additional sheets if required.

DECLARATION

To the best of my knowledge and belief all the particulars I have given are true and complete. I understand that any false statement may disqualify me from employment or render me liable for summary dismissal.

Signature:

Date:

Please return the completed application form to:

**WELLBEING ENTERPRISES CIC
BRIDGEWATER HOUSE
OLD COACH ROAD
RUNCORN
WA7 1QT
01928 589799**

Or E-mail to info@wellbeingenterprises.org.uk