


 Post Applied for: **Support and Connect Hub Coordinator**  
*(please state which location you are applying for)*

## Job Application form

1. Please complete this form clearly using CAPITAL LETTERS in black ink.
2. If you need to use continuation sheets, please ensure each sheets is clearly marked with your name and reference to the section of the form it relates to.
3. The information you supply on this form will be treated in strict confidence.

### Section 1: Personal details

<b>Title:</b>		<b>Last Name:</b>						
<b>First Names:</b>								
<b>Address:</b>								
<b>Postcode:</b>			<b>Home Telephone Number:</b>					
<b>Mobile Telephone Number:</b>								
<b>E-mail address:</b>								
<b>National Insurance Number:</b>								
<b>Are you eligible to work in the UK? <i>(Delete as appropriate)</i></b>	Yes / No		<b>Do you require a work permit? <i>(Delete as appropriate)</i></b>	Yes / No				
<b>Do you hold a full UK driving licence* <i>(Delete as appropriate)</i></b>	Yes / No		<b>Do you own or have use of a vehicle? <i>(Delete as appropriate)</i></b>	Yes / No				
<b>*Please give details of any outstanding points or convictions:</b>								

**Section 2: Rehabilitation of Offenders Act**

<b>Have you ever been convicted or found guilty by a court for a criminal offence (excluding parking offences but including all motoring offences)?</b>	Yes / No
If yes, please give details / dates of offence(s) and sentence:	
<b>Are you on probation (probation orders are now called community rehabilitation orders) or have you been absolutely/conditionally discharged or bound over after being charged with any offence which is not spent or is there any action pending against you?</b>	Yes / No
If yes, please give details / dates of offence(s) and sentence:	

**Section 3: Education, training and development**

Date		Name of School, college or university	Examinations taken and Qualifications Gained (Specify Grades)
From	To		

**Please provide details of any relevant learning and development, including dates:**  
 (For example any short courses, first aid, computer skills, work based NVQ ect including any current courses)

**Membership of a relevant professional fundraising body**

Name of Professional body	Type of membership	Date joined

**Section 3: Equality Act**

The Limbless Association fully supports the principle of equal opportunities in employment and opposes all forms of unlawful or unfair discrimination on the grounds of disability. No applicant shall receive less favourable treatment because of a disability. If you have a disability, we will make reasonable adjustments to help you through the application and selection process and, if successful, to assist you in carrying out the duties of your job.

Please contact us should you need the application form provided in an alternative format or if you need any adjustments for the interview.

**Section 4: Employment Record**

Please list chronologically, starting with current or last employer. (Please note that we reserve the right to contact employers or educational establishments to verify any details given. We will not contact your current employer unless you have given us permission to do so).

Date		Name and Address of Employer	Job Title/Job Function/ Responsibilities:	Salary and Reason for Leaving
From	To			

Please state current Salary Package including benefits & holidays:

## Section 5: Supporting statement

Please read the job description and personal specifications. Using examples, show how your **Knowledge, Competencies, Skills** and **Experience** meet the essential requirements of the personal specification and as many of the desirable requirements as possible

### Section 7: References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will be taken up prior to commencing role)

Reference 1			
Title		Surname	
Job Title			
Company			
Address			
Postcode		Telephone No.	
Email			
Your work relationship			
Dates employed from		Dates employed to	

Reference 2			
Title		Surname	
Job Title			
Company			
Address			
Postcode		Telephone No.	
Email			
Your work relationship			
Dates employed from		Dates employed to	

Continuation sheet if needed:

## Section 8: Declaration

I declare that the information provided on this application form to be true and accurate. I understand that if I am offered a post, a check against the National Collection of Criminal Records will be undertaken through the Disclosure and Barring Service (DBS). I understand that if I have withheld relevant information or given false information in my application form, my application may be rejected, or an offer withdrawn and/or that I may be subject to disciplinary action including dismissal if I am appointed.

**Signed:**

**Date:**

The Limbless Association undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, the Limbless Association may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.

Please return your completed form to:

Debbie Bent  
CEO

**By post:**

Limbless Association  
Unit 16, Waterhouse Business Centre  
2 Cromar Way  
Chelmsford  
Essex  
CM1 2QE

**Or via email:** [Deborah@limbless-association.org](mailto:Deborah@limbless-association.org)