



Above Northcroft Social Club
 1 The Croft
 Sudbury
 Suffolk
 CO10 1HN

Telephone: 01787 371333
 Website: www.thebefriendingscheme.org.uk
 E-mail: info@thebefriendingscheme.org.uk

Application for employment

Position applied for	
Where did you learn about this vacancy?	

Section 1 – Personal details

Mr		Mrs		Miss		Ms	
Other (please state)							
First name			Last name				
What do you prefer to be called / known by?							
House number / name + street name							
Village (if appropriate)							
Town							
County							
Postcode							
Home telephone number							
Mobile telephone number							
E-mail address							
Do you require a work permit to work in the United Kingdom?				Yes		No	
Do you hold a valid driving licence?				Yes		No	

You will be required to declare any endorsements and provide a copy of your current driving licence and insurance if the job descriptions require you to drive as a condition of employment

Section 2 – Education and training

School / College / University	From	To	Subject(s) & level	Grade

Other qualifications including memberships of professional bodies

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Section 3 – Employment history

Current or most recent employment

Employers name and address	Position held
	Employed from
	Employed to

Brief description of duties

Reason for leaving	Notice required
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Previous employment

Start with your current / latest employer and work back. Please include full employment history including, if applicable, periods of unemployment, incapacity for work or career break etc.

Please continue on the additional space at the end of this application if required

Employers name and address	Position held	From	To	Reason for leaving

Section 4 – Knowledge and experience

Please state your reasons for applying for this post

Important: Please read guidelines for applicants to clarify what is required here

It is highly recommended that applicants visit one of our activities to assist with your application.

Have you visited one of our activities?	Yes		No	
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Please note if you are applying for a Community Engagement Worker, Area Coordinator or Assistant Area Coordinator, visiting an activity is essential and must be completed before your interview

Section 5 - References

Please supply the names and address of two referees.
One of these should be you present / most recent employer

Name	
Address	
Telephone number	
Relationship to you	
Name	
Address	
Telephone number	
Relationship to you	

Section 6 – Supplementary information

Are you related to any members of staff or Trustees of The Befriending Scheme?	Yes		No	
If yes, please state their name and your relationship to them				
If offered a post would you continue to work in any other capacity?	Yes		No	
If yes, please provide brief details				
How many days have you been absent from work due to illness in the last two years?				

Section 6 – Supplementary information (continued)

Applicants with disabilities

The Befriending Scheme is an organisation which is serious about providing equal opportunities for people with disability. We have a policy of guaranteeing an interview to all applicant who meet the minimum criteria for the role

We welcome applications from people with disabilities. Do you have, or have had, a disability which you feel should be considered?

Yes

No

If yes, please provide details

If selected for interview, are there any reasonable adjustments you would like us to make?

Yes

No

If yes, please provide details

Rehabilitation of Offenders Act 1974

Where posts involve working with people with a learning disability the Exemptions Order of the above Act allows The Befriending Scheme to enquire into the criminal background of applicants.

If this is the case, you should list all criminal convictions, including any which many in other circumstances be considered spent.

Have you ever been convicted of any criminal offence by a Court of Law?

Yes

No

Disclosure & Barring Service (DBS)

You will be aware that all organisations working with vulnerable people of any age have a duty of care to request an Enhanced Disclosure from the DBS on their Trustees, Staff and Volunteers.

By signing this form you are giving your permission for The Befriending Scheme to submit the information supplied in Section 1 of this form to the DBS, should you be successful in your application.

Declaration

The information given on this form is correct to the best of my knowledge and belief.

I understand that any false statement or omission of relevant information may be sufficient case for disqualification or if employed – dismissal.

Signature

Date

Section 3 – Employment history (continued)

Previous employment (continued)

Employers name and address	Position held	From	To	Reason for leaving

Section 4 – Knowledge and experience (continued)

Please state your reasons for applying for this post

Important: Please read guidelines for applicants to clarify what is required here