

**New Barns, Unit 5
Coggeshall Road
Earls Colne
Essex CO6 2JX**

**Tel: 01787 334020**

**Application Form**

**The successful applicant(s) will complete an Enhanced DBS and prohibition checks. All areas of this application form must be completed in full. Your application will not be accepted if any areas are missing information. Coggeshall Road Therapeutic Provision Limited is committed to safeguarding as an organisation.**

**PLEASE COMPLETE USING BLACK INK AND INCLUDE ALL RELEVANT INFORMATION.**

**Personal details**

**Position applied for:**

**Title:**

**Full name:**

**Previous name:**

**Date of birth:**

**National Insurance number:**

**Contact details**

**Home address:**

**Home telephone:**

**Mobile Telephone number:**

**Email:**

**Current employment**

**From: To:**

**Name of Employer (company name):**

**Job Title:**

**Contract (full-time/part-time):**

**Notice period required:**

**Reason for leaving:**

**Salary:**

**Additional allowances:**

**List any significant absences during this employment and reasons for these:**

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**Previous employment**

**From: To:**

**Name of Employer (company name):**

**Job Title:**

**Contract (full-time/part-time):**

**Notice required:**

**Reason for leaving:**

**Salary:**

**Additional allowances:**

**Please add all further employment history below (same format as above)**

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**Gaps in employment history: (Please give reason(s) for any gaps in employment history, including dates to - from)**

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**Education**

**Please note that no interview will be offered without proof of qualifications.**

**Higher education**

**From: To:**

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| --- | --- | --- | --- |
| **Degree/Course** | **University** | **Qualification** | **Years Attended** |
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**A-levels or equivalent**

**College attended:**

**From: To:**

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| **Subject** | **Awarding Body** | **Grade** |
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**GCSE’s or equivalent**

**School attended:**

**From: To:**

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| **Subject** | **Awarding Body** | **Grade** |
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**Professional qualifications**

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**Additional skills**

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**Personal interests**

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**Supporting statement**

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**Referees**

**Please provide details of two referees, one of which must be your current employer. Please ensure that the references provided are from a senior person within the school/organisation, as friends and family references cannot be accepted. If you are not currently employed, please provide details of your most recent employer.**

**Current or most recent employer**

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| --- | --- |
| **Title** |  |
| **Name** |  |
| **Position held** |  |
| **Organisation** |  |
| **Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |

**Current or most recent employer**

|  |  |
| --- | --- |
| **Title** |  |
| **Name** |  |
| **Position held** |  |
| **Organisation** |  |
| **Address** |  |
| **Email Address** |  |
| **Telephone Number** |  |

**In line with Coggeshall Road Therapeutic Provision Limited, Safer Recruitment policy, employers are contacted prior to the interview. If you would prefer that we do not contact your current employer at this time, please tick:**

**🞏 I understand that my current employer reference will be requested post-interview, employment cannot commence until received.**

**All offers of employment are subject to receipt of satisfactory references and vetting checks.**

**Driving Licence**

**All applicants must hold a full driving licence.**

**Full licence YES / NO (Delete as appropriate)**

**Should your application be successful, we will require a copy of your driving licence.**

**Any driving convictions (this includes penalty points or ban in the last five years)**

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**Criminal Convictions**

**Due to the nature of the post you are applying for you must give details of any convictions and/or cautions for criminal offences. Even where they are considered ‘spent’ under the provision of the “Rehabilitation of Offenders Act 1974”.**

**Details of Criminal Convictions (State NONE if appropriate)**

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**Entitlement to work in the UK**

**Do you require a work permit to work in the UK? YES / NO**

 **(Delete as appropriate)**

**If you have a work permit, please give expiry date:**

**Ability to work**

**Please circle the appropriate box to indicate whether you are fit and able to carry out the duties detailed in the job description for the position you are applying for:**

 **YES / NO**

 **(Delete as appropriate)**

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| **Applicant signature** |  |

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| --- | --- |
| **Print name** |  |

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| --- | --- |
| **Date** |  |

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| **Please return completed application forms to:****Miss L Colyer, Coggeshall Road Therapeutic Provision Limited,****New Barns Unit 5, Coggeshall Road, Earls Colne, Essex CO6 2JX** |

**Continuation sheet**

**Please use the space below as a continuation sheet or for any additional information if required:**