

Thank you for requesting an application form.
Please ensure that you complete all sections of this form.

Post: Community Centre Coordinator

Personal Details

Surname/Family Name: _____ **Forename(s):** _____

Preferred Title (Mr/Mrs/Miss/Ms/Other): _____

Home Address: _____

Post Code: _____

Telephone Number: _____

Home: _____ **Mobile:** _____

National Insurance No.: _____

Disability

The Octagon Community Centre Malvern undertakes to interview any disabled person who meet the essential criteria detailed on the person specification. For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out normal day to day activities.

Please state whether you have a disability under this definition YES NO

If you need any particular arrangements to be made for interview please specify:

Education, Training and Qualifications

Please give brief details of all training and other courses you have undertaken whether or not they are relevant to this post.

Name of School/College/University attended	From – To (month/year)	Qualifications including grades	Date obtained (month/year)
Schools (after age 11)			
Further or Higher Education (Full & Part Time)			

Professional Development (relevant courses, etc., including dates)			
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Applicants invited for interview may be required to produce documentary evidence of their qualifications (*if required for the role*).

Employment or Work Experience

Please include **all** previous work experience, paid, unpaid or voluntary starting with the most recent.

Current/most recent post with address of employer, then all previous employment and the addresses	Full or part time	Rate of pay	Start date & date employment ceased, if applicable, with reasons (month/year)

Please continue on a separate sheet if necessary.

Supporting Statement

Please use this space to give information in support of your application using the Person Specification. You may wish to include details of interests, experience, responsibilities or voluntary involvement which you consider relevant.

Please continue on a separate sheet if necessary.

Health

Please state the number of days of sickness absence in the last twelve months with reasons.

Convictions/Disqualifications

This post is an 'exempted office/employment' under the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. This means that you must provide details about any and all convictions you may have regardless of their status. This includes all convictions, cautions and bind-overs which could otherwise be considered as 'spent'. The amendments to the Exemptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers and cannot be taken into account. All guidance and criteria on the filtering of these cautions and convictions can be found at www.gov.uk/government/collections/dbs-filtering-guidance.

Failure to disclose convictions may result in the withdrawal of your application or dismissal from any job offered in relation to this form.

Do you have any convictions (including driving offences) and/or disqualifications from driving or performance of professional duties? YES NO

If you do have convictions or disqualifications this may not exclude you from this post. Please list details of all convictions, cautions or disqualifications and put the information in a sealed envelope. This will only be opened if you are shortlisted.

References

Please give details of two people (not related to you or friends) who are able to comment on your suitability for this job. If you are or have been employed, one should be your present or most recent employer and one should be able to comment on your experience with children or adults with additional needs *(if applicable to this role)*.

Name:	Name:
Address:	Address:
Tel No:	Tel No:
Email:	Email:
Relationship to you e.g. Manager	Relationship to you e.g. Manager:

Unless you specify otherwise, we will not consult you prior to approaching these referees.

Declaration

I declare that the information given in this application is correct and complete.

Signature:

Date:

Note: False statements or failure to disclose any information requested in this application form may disqualify a candidate. Discovery after appointment may lead to dismissal or disciplinary action by The Octagon Centre Malvern. Employment is subject to an appropriate DBS Disclosure.

Please return this application to:
The Chair of Trustees
The Octagon Centre Malvern
Brook Farm Drive
Malvern
WR14 3SQ

Or email: chair@theoctagoncentre.org.uk