

Application for employment

Please complete in your own handwriting

EMPLOYMENT IS SUBJECT TO SECURITY VETTING, CRB CLEARANCE, RECEIPT OF SUITABLE REFERENCES AND THE PASSING THE ORGANISATION'S MEDICAL EXAMINATION. ACCOMPANYING HEALTH DECLARATION TO BE RETURNED IN A SEPARATE SEALED ENVELOPE

| | | |
|---|--|----------|
| For the position of: WELFARE OFFICER | | |
| TITLE: | FORENAME: | SURNAME: |
| HOME ADDRESS: | WORK ADDRESS (if applicable): | |
| POSTCODE: | POSTCODE: | |
| TELEPHONE: | TELEPHONE: | |
| MOBILE: | Can you be contacted at work: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | |
| EMAIL: | | |
| NATIONALITY: | | |
| ARE YOU LEGALLY ENTITLED TO WORK IN THE UK: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | |
| CURRENT DRIVING LICENCE STATUS(essential requirement): | | |
| FULL LICENCE: YES: <input type="checkbox"/> NO: <input type="checkbox"/> | | |
| PROVISIONAL: YES: <input type="checkbox"/> NO: <input type="checkbox"/> ANTICIPATED DATE OF TEST: _____ | | |
| Please give details of any driving offences currently under endorsement: | | |
| How did you hear about this vacancy? | | |
| Have you made any previous applications to DMWS? If so, please give details: | | |

SECONDARY EDUCATION

| School | Dates | Details of Qualifications Gained |
|--------|-------|----------------------------------|
|--------|-------|----------------------------------|

FURTHER EDUCATION

| College/University | Dates | Details of Qualifications Gained |
|--------------------|-------|----------------------------------|
|--------------------|-------|----------------------------------|

HEALTH / SOCIAL / WELFARE QUALIFICATION:

| College/University | Dates | Details of Qualifications Gained |
|--------------------|-------|----------------------------------|
|--------------------|-------|----------------------------------|

OTHER SKILLS

e.g. Accounts / Apprenticeships / Professional Membership, etc.

IT SKILLS

qualifications eg ECDL and packages used

LANGUAGES (Specify standard)

Spoken

Written

EMPLOYMENT HISTORY-Continue on a separate sheet of paper as necessary

(Begin with present/last job and include any service in H.M. Forces)

| Dates | Employer Location Type of Business | Position Held and Responsibilities | Reason for Leaving |
|-------|---------------------------------------|---------------------------------------|-----------------------|
| | | | |

Date available to work, or notice required:

Salary in present/last position:

OTHER INTERESTS AND ACTIVITIES Please give details of your main interests and the depth to which these are pursued.

Please describe any other voluntary, freelance or project work you have been involved in.

Date/Duration

Description:

EXPERIENCE: Outline particular experiences gained in previous positions or in activities outside of work that you feel show your aptitudes and skills for the position of Welfare Officer (Continue on a separate sheet of paper as necessary).

REFEREES: Please name two referees. One should be from your present/last employer/school or college. Employment is subject to satisfactory references, but these will not be taken up without prior consent.

Name:
Address:

Name:
Address:

Telephone:
Position:
Length of association:

Telephone:
Position:
Length of association:

I CONFIRM THAT ALL THE ABOVE INFORMATION IS CORRECT

Signed: _____ Date: _____

Please return to:
Admin Manager
The St John and Red Cross Defence Medical Welfare Service
5th Floor, 22-26 Albert Embankment London SE1 7TJ