**Application for employment**

**Private and confidential**

**Please complete the application and e-mail it to** [**sandra.donkin@ncba.org.uk**](mailto:sandra.donkin@ncba.org.uk)

**or post to Sandra Donkin, Organisational Development Manager, Northumberland County Blind Association, Reiver House, Staithes Lane, Morpeth. NE61 1TD**

**Reference number: Fundraising Co-Ordinator (FCo1)**

|  |  |
| --- | --- |
| Position applied for: |  |

**Personal details:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: |  | Forename/s: |  | | Surname: | |  | | |
| Home address: | |  | | | | Post code: | |  |
| Telephone number/s: | |  | E-mail address: |  | | | | |
| Are there any restrictions on you taking up employment in the UK? | | | |  | | | | |
| If yes, please provide details: | | | |  | | | | |

**Driving qualifications:**

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| --- | --- | --- | --- | --- |
| Do you have a full current driving licence? | |  | If yes, what categories? |  |
| Expiry date: |  | Endorsements:  (if applicable) |  | |

**Education history:**

|  |  |  |  |
| --- | --- | --- | --- |
| Secondary school/s | Years attended  (from – to) | Qualification/grades obtained: | Date when obtained: |
|  |  |  |  |
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| --- | --- | --- | --- |
| College/University | Years attended  (from – to) | Qualification/grades obtained: | Date when obtained: |
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**Other training:**

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| --- | --- | --- |
| Training provider/s | Type of training | Date/s attended: |
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| --- | --- |
| If applicable - please detail any other current employment that you would continue with, if you were to be successful in obtaining this position: |  |

**Employment history:**

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| --- | --- | --- | --- |
| Name and address of employer (starting with most recent) | Start/finish date  and salary | Reasons for leaving | Job title and summary of main duties |
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| Notice period required for current post: |  |

**Criminal record declaration** – Joining our staff team is subject to a satisfactory disclosure from the Disclosure and Barring Service (DBS check). All information provided will be kept in strict confidence and only used for the purpose of assessing your suitability for the role you have applied for.

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| --- | --- |
| Do you have any criminal convictions? | Yes/No |
| If yes, please provide details of any spent and unspent cautions or convictions unless it is either a “protected caution” or “protected conviction” under the terms of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975: |  |

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| --- | --- | --- |
| Does your name appear on any national lists i.e. sex offender register or other lists which excluded you from working with children and vulnerable adults? | | Yes/No |
| If yes, please provide details: |  | |

**References** – please provide the name and contact details of two people from whom our organisation may obtain references, one of which must be your current or most recent employer.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Postal address  and e-mail address | Telephone number/s | Relationship |
|  | Email: |  |  |
|  | Email: |  |  |

**Evidence in support of your application:**

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| --- | --- |
| Please detail here your reasons for this application, your main achievements to date and the strengths you would bring to this post. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the person specification). Continue on a separate page/s if necessary. | |
| Please specify any special arrangements you may need to attend the interview  (if applicable): |  |

**Declaration: (Please read this carefully before signing this application)**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered. 2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the General Data Protection Regulations. 3. I have received a copy of the Privacy Statement for Northumberland County Blind Association which details how my Job Application Data will be stored and shared for the purpose of assessing my suitability for the post I have applied for. In signing below I am confirming I understand and give consent to my Application Data being used for the purpose described. 4. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated. | | | |
| Signature: |  | Date: |  |