Diagram

Description automatically generated

**Personal Details** *(Please complete in BLOCK CAPITALS)*

|  |  |
| --- | --- |
| **Application for the post of:** |  |

|  |  |
| --- | --- |
| **Surname:** |  |
| **Forenames:** |  |
| **Current Address:** |  |
| **Post Code:** |  |
| **Contact Telephone:**  **Mobile:** |  |
| **E-mail Address:** |  |

**Employment History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Present or Most Recent Post:** | | | |
| **Employer** | | | **Date Started and**  **End Date (if applicable)** |
|  | | |  |
| **Salary and Benefits** | | | |
|  | | | |
| **Job Title and Main Responsibilities** | | | |
|  | | | |
| **Reason for leaving** | | | |
|  | | | |
| **Previous Employment (please start with the most recent and include any part-time or unpaid/voluntary work)** | | | |
| **Dates (from-to)** | **Employer & Reason for leaving** | **Job Title and Main Responsibilities** | |
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**Qualifications, Professional Body Memberships and Development Activities**

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| Please provide details of nationally recognised vocational and academic qualifications you have gained, including dates, subject, awarding body and level of achievement.  The Charity will verify the qualifications of the successful applicant and you will be asked at a later stage in the recruitment process for your consent to checks being carried out. |
|  |
| Please provide details of membership to any professional body |
|  |
| Please provide details of relevant professional development activities |
|  |

**Supporting Statement**

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| On a separate document you may if you wish, demonstrate how you meet the requirements of the post. *(Please also refer to the job description for the post).* You should include what you have achieved. |

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| --- | --- |
| What attracts you to this job and how did you learn about the vacancy? | |
|  | |
| Health: Are there any adjustments required should you be invited for interview? | |
| Yes □ No □ | |
| Further information: | |
| Do you hold a current driving licence? | Yes □ No □ |
| Do you have access to a car? | Yes □ No □ |
| Are you related to any member of PTC staff? | Yes □ No □ |
| Have you ever been convicted for a crime?  If yes please briefly describe the nature of the crime(s) | Yes □ No □ |

*(Rehabilitation of offenders Act 1974, spend convictions need not be disclosed, unless an exemption applies)*

**Other Details**

|  |  |
| --- | --- |
| What is the notice period required in your current post? |  |
| Are you a British subject or a national of any EU country? |  |
| If no, do you have the right to work in the UK and a current work permit/visa? |  |
| If yes, please state the expiry date of your right to work in the UK and/or your work permit. |  |
| Please note if you are invited to interview you are required to bring with you **two** forms of identification. | Passport/National Insurance card/Birth certificate or documentation from the Home Office stating right to work in the UK. |

**References *(should not be a relative)***

Please provide details of a minimum of 2 referees and state how long you have known them and in what capacity. One reference must be last employer. I give/do not give permission to take up references prior to an offer of employment being made. (Please delete clearly as appropriate) *School leavers are permitted to submit personnel references.*

|  |  |
| --- | --- |
| **Name 1** | **Name 2** |
|  |  |
| **Address** | **Address** |
|  |  |
| **Telephone number** | **Telephone number** |
|  |  |
| **Email address** | **Email address** |
|  |  |
| **Capacity in which known** | **Capacity in which known** |
|  |  |
| **Time known** | **Time known** |
|  |  |

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| --- |
| **Data Protection**  Information from this application may be processed for purposes registered by the Charity under the Data Protection Act 1998-GDPR.  I hereby give freely my consent to The Police Treatment Centres (PTC) Charity processing the data supplied in this application form for the purpose of recruitment and selection. This information will be removed after a twelve-month period.  **Declaration**  I certify to the best of my knowledge that the information on this form is, complete and correct. I understand that giving false information or omitting to give information could disqualify my application and if I am appointed could lead to my dismissal without notice. All appointments are also subject to a satisfactory medical check & references.  Signature…………………………………………………………………………………..  Date…………………………………………….. |

##### *Please return your completed application form to Human Resources Department marked “Confidential” to the Harrogate address shown at the top of page one.*

##### *The PTC positively welcomes applications from all sections of the community.*

##### *Office use only: HOD/Supervisor to complete*

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| OP | OB | | RBI | | NS | | | ROHold | | RAI | |
| SD: |  | | HRS: | |  | | | Salary PH | |  | |
| Place hours working in day boxes | Mon | Tues | | Wed | | Thurs | Fri | | Sat | | Sun |
| Hours per day |  |  | |  | |  |  | |  | |  |