

Thank you for your interest in working with us.

Please return this form in an envelope marked "Job Application: Private" to:–

People to Places

2nd Floor, Unit 4
SC House
Vanwall Road
Maidenhead
SL6 4UB

If you cannot do so because of disability you may apply by curriculum vitae.

VACANCY DETAILS

Job Title:

Location:

YOUR DETAILS – Please write or type in black ink

Surname/Family Name:

Forename:

Preferred Name:

Home Address:

Postcode:

How can you be contacted:

Mobile:

Evening:

E-mail address:

National Insurance No:

DRIVING (Only complete this section if driving is referred to in the Person Specification.)

Have you a current driving licence? YES/NO Type/Classification

Do you have any current endorsements? YES/NO If YES, give details

Do you have regular use of a car or motorcycle?

PRESENT / MOST RECENT EMPLOYMENT DETAILS

Name of Employer

Address

Date employment began

Ended

Job Title

Salary/Wage

Period of notice you must give

EDUCATION

Examinations/Qualifications Include those to be taken and non-examined courses, e.g. NVQ's	Awarding Body/ Institute	Date of Qualification	Grades

RELEVANT TRAINING (including In-Service Training)

Course Title and Brief Description	Dates

GIVE BRIEF DETAILS OF DUTIES AND RESPONSIBILITIES OF YOUR PRESENT OR MOST RECENT POST

Your reason for leaving ?

PREVIOUS EMPLOYMENT (most recent first)

From Month/Year	To Month/Year	Job Title	Employer	Reason for Leaving

EXPERIENCE & ACTIVITIES WHICH REFLECT PERSONAL QUALITIES

Please give details of any relevant experience. Include voluntary work, community work, helping others to deal with service providers, helping with family business and relevant skills which support your application. (Continue on a separate page if necessary.)

REFERENCES

References must be provided for the whole period of three years preceding commencement of employment with People to Places. If you are currently in employment, please give present employer. If you are unable to provide references for a complete 3 year period please give the employer who employed you for the longest period during that time. If unemployed, please give most recent employer.

Name
Address

Name
Address

Referee's relationship to you
Telephone:
Mobile:
Email:

Referee's relationship to you
Telephone:
Mobile:
Email:

If you do not wish referees to be contacted before an interview, please put an 'X' in the box by their name.

DECLARATION

Please state if to your knowledge you are related to any employee or Director of People to Places. Canvassing or failure to make proper disclosure shall disqualify you for the appointment and if appointed, shall render you liable to dismissal without notice.

State YES or NO If YES, give name and details of relationship

PRIVACY STATEMENT

At People to Places we take your privacy seriously and will only use your personal information to administer your application for employment

We will dispose of all your documents after a period of 6 months.

REHABILITATION OF OFFENDERS ACT 1974

There are certain posts that involve working with children, other vulnerable groups or in positions of trust that are exempt from the provisions of the Rehabilitation of Offenders Act 1974. If the post you are applying for falls within the above category, this will be indicated on the supporting information you have received with this form. You must therefore disclose details of cautions, reprimands, final warnings and convictions, including 'spent convictions'. Any failure to disclose such information could result in dismissal or disciplinary action by People to Places. Any information given will be treated as confidential and will be considered only in relation to posts to which the order applies.

DECLARATION

Have you at any time received, or do you have pending, a caution, reprimand, final warning or conviction, spent or otherwise?

Yes

No

If yes, please give details:

I certify that the stated information on this application form and in all other supporting papers is true and correct. I also give my consent to the processing of data contained or referred to on this form in accordance with the Data Protection Act, 2018.

Signature

Date