



Making life better for blind and partially sighted people

APPLICATION FORM

Strictly Confidential

Please refer to the guidance notes before completing this form

| | |
|--|---------------------------------------|
| Post Title: | Applicant. No: |
| Closing Date: 5pm on 18 th July 2018 | This date will be strictly adhered to |

1. Personal Details

| | | | |
|--|--|---|-------------------------------|
| Surname | | Date of Birth | |
| Any previous names by which you have been known | | | |
| Forename | | Title | National Insurance No. |
| Address | | Daytime telephone No. | |
| Do you require a work permit? | | Do you have a valid driving licence or access to personal transport? | |

2. References

| | |
|---|--|
| First referee (Present/most recent employer) | |
| Name | |
| Job Title | |
| Address | |
| Daytime phone No. | |
| In what capacity does this person know you? | |
| Second referee | |
| Name | |
| Job Title | |
| Address | |
| Daytime phone No. | |
| In what capacity does this person know you? | |

| | |
|--------------|--------------|
| Name: | Post: |
|--------------|--------------|

3. Qualifications

| Title/level of qualification | Grade (if relevant) | Date(s) |
|------------------------------|---------------------|---------|
| | | |

| Membership of Professional Body | Level of membership | Date |
|---------------------------------|---------------------|------|
| | | |

4. Employment

| Current/last job held | | | | | |
|-----------------------|------------------------------|---------------|--|------------------|--------|
| Post | Name and address of employer | Dates from to | | Period of notice | Salary |
| | | | | | |

Briefly describe the duties of your current or most recent post

Please continue on a separate sheet if necessary.

| | |
|--------------|--------------|
| Name: | Post: |
|--------------|--------------|

| Previous Employment | | | |
|----------------------------|--|--|--|
|----------------------------|--|--|--|

| Post | Employer's Name & Address | Dates From To | Job purpose and reason for leaving |
|-------------|--------------------------------------|-------------------------------|---|
| | | | |

Please complete on a separate sheet if necessary

Name:

Post:

5. Statement in support of application:

Name:

Post:

Statement in support of application (continued)

| |
|--|
| |
|--|

6. Disabilities (We will interview disabled applicants who match all the essential attributes of the job.)

| | | | |
|---|--|--|--|
| Do you consider yourself to have a disability? | | Please state any adjustments or assistance that may be required if you are invited for interview. | |
|---|--|--|--|

7. Criminal Convictions (see guidance notes)

Please complete Annex A “Convictions for Criminal Offences” and return it with your application. Details provided in this form are covered by the declaration in section 7 of this form.

8. Declaration (see guidance notes)

| | |
|--|-------------|
| I declare that the information given on this form is true and accurate. I understand that if it is discovered that any statement is false or misleading, my employment may be terminated without notice. | |
| Signed | Date |

Please return completed form to the Client Services Manager, Sight Action, Beechwood House, 69-71 Old Perth Road, Inverness IV2 3JH.

Reviewed July 2018