**Graduate Recruitment Application Form**

Please complete in black ink or type

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position applied for: |  | | Graduate Programme start date | 1st September 2022 |
| Where did you see this job advertised? | |  | | |

1. PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname/Family name: | | | |  | | | | | | Title: | | Mr/Mrs/Ms/Miss | | | |
| First names: |  | | | | | Daytime Tel. No: | | | | |  | | | | |
| Previous or other names: | | | |  | | | | Mobile No: | | |  | | | | |
| Home Address: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | Post Code: | | | |  | | |
| Correspondence Address (if different to home address): | | | | |  | | | | | | | | | | |
|  | | | | | | | | | Post Code: | | | |  | | |
| Email Address: | | |  | | | | | | | | | | | | |
| National Insurance No: | | | |  | | | Are you a car owner? | | | | | | | Yes |  |
| No |  |
| Nationality: | | | |  | | | Do you hold a clean driving licence? | | | | | | | Yes |  |
| No |  |

**If you are not a UK or Irish citizen, please complete this section:**

|  |  |  |
| --- | --- | --- |
| Do you have a work permit for the UK? | Yes |  |
| No |  |
| If ‘Yes’, when does it expire? | Date: |  |
| If you are an EU citizen – do you have EU Settled Status in the UK | Yes / No | |
| **You must have the right to work in the UK**  We will ask to see your work permit / visa / status at interview | | |

1. PRESENT OR LAST EMPLOYER (if new to employment please ignore)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | Job Title: |  | | |
| Address: | |  | | | | | |
|  | | | | | | Post Code: |  |
| Brief description of duties: | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Dates employed | From: | | |  | | To: |  | |
| Present grade / salary: | | |  | | Notice required: | | |  |
| Reason for leaving: | |  | | | | | | |

1. PREVIOUS EMPLOYMENT since leaving school, including any gaps in employment and voluntary work (most recent first)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Job Title: |  | | | |
| Address: | |  | | | | | | | | | |
|  | | | | | | | | | Post Code: | |  |
| Dates employed | | | | From: | |  | | | To: |  | |
| Brief description of duties: | | |  | | | | | | | | |
| Reason for leaving: | | | | |  | | | | | | |

1. EDUCATION, TRAINING AND QUALIFICATIONS proof of qualifications will be required

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From (mm/yy): | To (mm/yy): | School/College/University attended since age 11: | Qualifications gained: | Grades: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* 1. OTHER RELEVANT TRAINING, QUALIFICATIONS AND SHORT COURSES

|  |  |  |  |
| --- | --- | --- | --- |
| From (mm/yy): | To (mm/yy): | Course or subject and where taken | Qualification gained (please include grade achieved if appropriate): |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. OUTSIDE INTERESTS, HOBBIES ETC.

|  |
| --- |
|  |

1. HEALTH

|  |  |  |  |
| --- | --- | --- | --- |
| Are there any aspects of your health which may affect your ability to do the job for which you applied?  Please check the person specification for the post to see if there are any specific requirements. | | Yes |  |
| No |  |
| If you have answered ‘Yes’, please give further details: |  | | |
|  | | | |

1. SUPPORTING STATEMENT

Please give a short summary of why you are applying for the Graduate Programme and what you expect to get from the experience of working and training with BeyondAutism. details of relevant experience, skills and any other information in support of your application.

|  |
| --- |
|  |

1. EQUALITIES ACT

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have a disability which may require adjustments to the interview process? | | Yes |  |
| No |  |
| If ‘Yes’, what adjustments will you need? |  | | |

1. REFERENCES

**Please nominate two referees, one of which must be your most recent employer if you have one or from your school or college.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have any objections to references being taken at this stage? | | | | | | | | Yes |  |
| No |  |
| Name: |  | | | Name: |  | | | | |
| Address: | |  | | Address: | |  | | | |
|  | | | |  | | | | | |
| Email Address: | | |  | Email Address: | | |  | | |
| Telephone No: | | |  | Telephone No: | | |  | | |
| Relationship: | | |  | Relationship: | | |  | | |

**Please note that if you are shortlisted for interview, we are required to take up at least one reference prior to interview.**

1. DECLARATION

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that, to the best of my knowledge and belief, the information contained on this form is accurate. I understand that should my application be successful and it is discovered subsequently that information is false, this may lead to the termination of my contract.  The information on this form will be processed in accordance with the Data Protection Act 1998 and by signing this form you are consenting to this information, including sensitive data, being processed. If you are subsequently employed by BeyondAutism, this information will form the basis of your employment records, otherwise it will be destroyed approximately 6 months after the vacancy is filled. | | | |
| Signed: |  | Date: |  |

Thank you for completing this application form. **Please return via email to:** [graduate.programme@beyondautism.org.uk](mailto:graduate.programme@beyondautism.org.uk) or Please use this email for any questions about the application process.