**Application Form**

Please complete in black ink or type

|  |  |  |  |
| --- | --- | --- | --- |
| Position applied for: |  | Availability for position: |  |
| Where did you see this job advertised? |  |
| If you were referred by a BeyondAutism member of staff, please state their name and your relationship |  |

1. PERSONAL DETAILS

|  |  |  |  |
| --- | --- | --- | --- |
| Surname/Family name: |  | Title: | Mr/Mrs/Ms/Miss/Dr |
| 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: |  |

**If you are a national of a country outside of the UK, please complete this section:**

|  |  |
| --- | --- |
| Do you have a work permit for the UK? | Yes |[ ]
|  | No |[ ]
| If ‘Yes’, when does it expire? |  |
| **You must have the right to work in the UK**We will ask to see your work permit / visa at interview |

|  |  |
| --- | --- |
| Are you related to any other employee or Trustee of BeyondAutism? | Yes |[ ]
|  | No |[ ]
| If Yes, please state name and indicate relationship: |  |

1. PRESENT OR LAST EMPLOYER

|  |  |  |  |
| --- | --- | --- | --- |
| Company 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)

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

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

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

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

**Please continue on a separate sheet if necessary**

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: | Grade: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**For Teachers:**

|  |  |
| --- | --- |
| Please give professional registration number: |  |
| Main Subject: |  | Subsidiary subjects: |  |
|  |

* 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. DETAILS OF PROFESSIONAL MEMBERSHIP

|  |  |  |
| --- | --- | --- |
| Date: | Body: | Membership Status: |
|  |  |  |
|  |  |  |

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 details of relevant experience, skills and any other information in support of your application. Candidates will be shortlisted based on how closely they meet the essential requirements in the person specification. Please use this section to give examples of how you meet these requirements, stating why you are applying for this post.

|  |
| --- |
|  |

**Please continue on a separate sheet if necessary.**

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. References will be sought on all short-listed candidates prior to interview.**

|  |  |
| --- | --- |
| 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 to: HR Department, BeyondAutism, The Foundry, 17 Oval Way, London, SE11 5RR**

Tel: 020 3031 9705 Email: **recruitment@beyondautism.org.uk**