# **APPLICATION FORM**

**CEO Mat Leave**

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# **PRIVATE AND CONFIDENTIAL**

# Please return your completed form by email to: [info@movema.co.uk](mailto:info@movema.co.uk)

Or post to: Movema, The Bluecoat, School Lane Liverpool L1 3BX, marked ‘Private & Confidential’

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| Post applied for: | | | | |
| First name: | | Surname: | | |
| Address | | | | |
| Postcode: | Your e-mail address: | | | |
| Phone number: | | | | |
| Are you aware of any reason why you would not be able to work in the uk? (if yes, please give details) | | | Yes | No |
| Do you need either a work permit or permission to work in the uk? (if yes, please give details) | | |  |  |
| How did you find out about the post? | | | | |
| Reason for leaving current employment or seeking other employment | | | | |

# References

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| --- | --- |
| Please give the names & addresses of two referees, including your most recent employer (references will be requested only once an offer of employment has been made, unless otherwise requested) *Please see below, more are available upon request.* | |
| Name:    Position:  Address:  Postcode:  Daytime phone:    Mobile:  E-mail: | Name:  Position:  Address:  Postcode:  Daytime phone:  Mobile:  E-mail: |

# Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Address of Organisation | Job Title, Relevant Duties & Skills | Dates | Reason for leaving |
|  |  |  |  |
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|  |  |  |  |
| Summary of other previous employment if relevant | | | | |

# Education

Please list secondary, further, and postgraduate education

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| --- | --- | --- |
| Education Institution | Dates | Qualifications Obtained |
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# Voluntary Positions / Work

please list any Board positions and other voluntary work

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| --- | --- | --- |
| Position / Work | Dates | Organisation |
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| Please describe (in no more that 2 pages, font size 11) how you meet the person specification for this role. |
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| Other information In line with our Confidentiality Policy all information provided below will be handled securely and confidentially, having due regard to appropriate legislation including data protection. Any information will not be used to treat individuals unfairly or to discriminate but will be considered along with other relevant information from the recruitment process. |
| If you were invited to attend an interview would you have any special access needs?If yes, please give details. (Please note Bluecoat is accessible to wheelchair users) |
| If appointed, when could you start work? |
| Do you hold a current UK driving licence? |
| Do you have a current (under 2 years old) Disclosure and Barring Service Criminal Record check (DBS)? |
| If you were appointed to this position would you have any special access or other needs to carry out your duties? If yes, please give details. |
| Is there anything concerning your medical history or state of health that is relevant to your application?  If yes, please give details. |
| Please state how many days you have been absent from work due to illness during the past two years, providing details for any extended absence period. |
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| DECLARATION (Please read carefully before signing this application)  I declare that the information contained in this application is correct to my knowledge and belief. I understand that my application may be rejected or that I may be dismissed for withholding relevant details or giving false information. I consent to Movema checking any information that I am unable to verify personally.  I agree that should I be successful in this application as an employee of Movema I shall be required to apply to the Disclosure Barring Service for an enhanced disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company, any offer of employment may be withdrawn or my employment terminated.  I acknowledge and accept that my data will be stored securely in manual and automated records and will be processed solely by Movema in connection with the recruitment and equal opportunities monitoring of and my personal records if I am the successful candidate.  Signed: Date:  Please note that if you are completing and sending this form electronically you will be required to sign it if appointed. |
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