



**KEIGHLEY HEALTHY LIVING**  
**13 Scott Street, Keighley, West Yorkshire, BD21 2JH**

**APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)**

**JOB TITLE**

**Community Engagement & Activities Facilitator**

**PERSONAL DETAILS**

First Name (s):	Surname:
Address	
Post Code	Email
Home Phone	Mobile

**EDUCATION AND QUALIFICATIONS** Please give details of your education and qualifications. Make sure you include any professional qualifications.

Name and Address of School/ College /University	Subjects	Results or Grades obtained	Dates From To

**TRAINING** List all training courses undertaken including practical in-house, commercial and special courses including any training schemes, evening classes and adult education.

Name and Address of Training Agency	Course undertaken	Results / Grades achieved.	Dates from - to

**CURRENT ( or most recent) EMPLOYMENT**

Employer's Name and Address	Position held	DATE From /To
Telephone No:	Salary / Wage	No. of Hours worked
Please give a brief description of your duties and responsibilities:		

**PREVIOUS EMPLOYMENT**

<b>Employer's Name and Address</b>	<b>Position Held</b>	<b>Dates From / To</b>	<b>Reason for Leaving</b>

**ADDITIONAL INFORMATION: WHY ARE YOU APPLYING FOR THIS POST?**

Please read the job description and person specification carefully before completing this section. Use the space below to show you have the skills, knowledge and experience to do the job described. Please include details of any relevant work (paid or unpaid) you have done in the community or with the voluntary sector. Please use no more than 800 words to complete your application.

**REFERENCES**

If your application is successful we will need to take up your references. Please supply the names and addresses of two referees who know you well enough to comment on your suitability for the post . One of these referees must be your present or most recent employer, or if you haven't worked before give the name of a responsible person who knows you well, but not a relative.

Name of Referee and Status or Job Title	Address for Contact
1.          Telephone No.	
2.          Telephone No.	

**REHABILITATION OF OFFENDERS ACT 1974 (Exemption Order 1975)**

The nature of the work you are applying for may involve direct contact with vulnerable people. We are obliged to ask you in connection with this application to disclose any convictions you may have. Under the conditions of the above Order you are not entitled to withhold information about convictions, which might otherwise be regarded as spent. In the event of your being offered employment, failure to disclose such convictions could result in dismissal or disciplinary action. Please give details of any convictions you have on a separate piece of paper. This will be treated as strictly confidential.

**DISCLOSURE AND BARRING SERVICE**

All our employees are required to have a DBS check . Please confirm that you are willing for your details to be checked. YES / NO

**DECLARATION**

I declare that the information on this form is true and complete.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please ensure that you complete the application as fully as possible. Once complete you should return the form either by post or by email to the address on the front of the form ensuring your application arrives no later than the closing date for the post.

For KHL use

Closing Date:	14 <sup>th</sup> October 2020	Date received:	
---------------	----------------------------------	----------------	--