



APPLICATION FORM

It will be of great assistance, in considering your request to work with the Fellowship of St. Nicholas, if you would answer the following questions with as much information as possible. If there is not enough space under any section please continue your reply on a separate sheet. (NB If completing on line all boxes will expand as you type)

POST:	
(Please state clearly the Post that you have applied for)	

SURNAME :	Preferred Title: MR / MRS / MISS/ MS
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FORENAME(S)

ADDRESS:			
			POST CODE:

SINCE (Month & Year)			
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Telephone No:	HOME	Mobile	WORK
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Email:	
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DETAILS OF PRESENT OR LAST EMPLOYMENT (if any) OR VOLUNTARY WORK

NAME OF FIRM / ORGANISATION	
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ADDRESS:			
			POST CODE:

DATE COMMENCED		CURRENT POSITION:
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DESCRIPTION OF MAJOR RESPONSIBILITIES
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LENGTH OF NOTICE REQUIRED	
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REASONS FOR LEAVING/INTENDING TO LEAVE	
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EDUCATION AND QUALIFICATIONS Please give details of Secondary Schools and Further Education Establishments which you have attended

Please continue on a separate sheet if not sufficient space with your name address Vacancy applied for and Reference Number (NB If completing on line all boxes will expand as you type)

<u>Name</u>	<u>From</u>	<u>To</u>	<u>Examination/ Qualifications</u>

ADDITIONAL TRAINING / COURSES: Please give details of further training undertaken, (in-service or otherwise) and dates:

Please continue on a separate sheet if not sufficient space with your name address Vacancy applied for and Reference Number (NB If completing on line all boxes will expand as you type)

Date	Training	Length of training



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PREVIOUS EMPLOYMENT Please start with most recent and place in reverse order.
(NB all boxes will expand as you type)

<u>Post</u>	<u>From</u>	<u>To</u>	<u>Firm/Organisation</u>	<u>Reason for Leaving</u>

Please explain any gaps in your employment history:

Are you related to any member of FSN's Board of Trustees or FSN Staff Members?

YES NO

If yes please name: _____

REFERENCES Please give the names and addresses of two people (not relations) to whom an application may be made for references; both should be able to comment on your employment ability.

	<u>Present Employer</u>		<u>Previous Employer</u>
Name		Name	
Organisation		Organisation	
Occupation		Occupation	
Address		Address	
Post Code		Post Code	
Telephone No		Telephone No	
Relationship		Relationship	

(If you are offered the post we will wish to personally contact at least one of your referees concerning any reference provided).



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PERSONAL DETAILS

NATIONAL INSURANCE NO:	
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DO YOU HAVE A DISABILITY OR HEALTH CONDITION THAT WOULD MEAN FSN MAKING REASONABLE ADJUSTMENT TO THE INTERVIEW PROCESS IF YOU ARE SHORTLISTED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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As a disability symbol employer this information is needed so that all disabled applicants who meet the minimum criteria for the position are offered an interview.

DO YOU HOLD A CURRENT DRIVING LICENCE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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IF YES PLEASE STATE THE TYPE OF LICENCE YOU HOLD	
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CRIMINAL RECORD CHECKS The Fellowship of St. Nicholas (FSN) aims to promote equality of opportunities for all with the right mix of talent, skills and potential. FSN welcomes applications from diverse candidates. Criminal records will be taken into account for recruitment purposes only when the conviction is relevant. Having an 'unspent conviction' will not necessarily bar you from employment. This will depend on the circumstances and background of your offence(s).

As FSN meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974, **all applicants who are offered employment** and having contact with children will be subject to a criminal record check from the Criminal Records Bureau before the appointment is confirmed. This will include details of cautions, reprimands or final warnings, as well as convictions.

Have you been convicted of a criminal offence by a Court of Law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If **YES**, please give details of offence/s including dates (this will not necessarily debar you from appointment).

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Have you received a reprimand or formal caution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If **YES**, please give details of offence/s including dates (this will not necessarily debar you from appointment).

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If you have been convicted of a Criminal Offence are you Disqualified from working with children?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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(If you are Disqualified you may not apply to work with the Fellowship of St. Nicholas)

Do you presently hold a DBS (Disclosure & Barring Services Form)? If so, please give the number & issue date.	F.
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<p>If your application is successful and you are registered with the DBS Update Service please sign to give FSN authority to check this status online.</p> <p><i>Please note you must produce your original DBS record in order for FSN to undertake a DBS status check online.</i></p>	<p>Issue date:</p> <p>Sign.....</p> <p>Date.....</p>
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Signed:	Date:
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(Please sign above whether you have answered Yes or No)

WORK PERMIT

Are there any restrictions to your residence in the UK which might affect your right to take up employment in the UK? **YES** **NO**

If you are not a British citizen of another country in the European Economic Area you will require a work permit.

Do you need a work permit? **YES** **NO**

Do you hold a work permit? **YES** **NO**

If you hold a work permit, on what date does it expire? **Date:**.....

BACKGROUND AND OTHER INFORMATION

Would you give below a summary of your past work experience, and any other relevant information:- (NB If completing on line all boxes will expand as you type)

ADDITIONAL INFORMATION

Please explain below why you are interested in this post
Please mention experience any specific skills that meet the requirements of the Job Description and Person Specification. These skills may be gained from your previous employment, training, education, life experience, voluntary or leisure activities.

Please continue on a separate sheet if not sufficient space with your name address Vacancy applied for and Reference Number (NB. box will expand as you type)



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I confirm that the information I have given on this form is true and accurate and I understand that any false information could lead to immediate dismissal from any post with the Fellowship of St. Nicholas.

Signed **Date**

The completed Application Form can be emailed to:

jearl@fsncharity.co.uk

or returned to:

Tracy Rose, Chief Executive,
FSN, St. Nicholas Centre, 66 London Road St. Leonards on Sea,
East Sussex, TN37 6AS.



Please note Application Forms and Enclosures of unsuccessful applicants will be retained by FSN for 1 year and will then be shredded.

In accordance with the Data Protection Act 1998, FSN has to keep personal information as part of its daily business. In so doing FSN aims to respect the privacy and human dignity of all its employees, service users and volunteers at all points throughout the organisation and as far as possible on the basis of informed consent.

FSN is committed to safeguarding and promoting the welfare of children and young people and requires all staff and volunteers to share this commitment in every aspect of their work.