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|  |  | **Maidstone Mencap Charitable Trust Ltd**incorporating Cobtree Playschool for Special Children**Cobtree Hall, Willington St, Maidstone, Kent, ME15 8EB****www.MaidstoneMencap.org01622 670 464** |

# Application Form

Maidstone Mencap Charitable Trust Ltd is committed to safeguarding and promoting the welfare of children and young adults and expects all staff and volunteers to share this commitment

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| PRIVATE & CONFIDENTIAL |
| Applications are invited from women & men from all sections of the community irrespective of their marital status, sexuality, disability, race, colour, nationality, ethnic, national origins, or religion that have the necessary attributes to carry out the job. |
| Full Name: |  |
| Post applied for: |  |
| Full-time orPart-time |  |
| Address:Postcode: |  |
| Tel no:home/ mobile |  |
| E’ mail address |  |
| EDUCATION |
| Please give details of the educational qualifications you have achieved with dates. |
| Please give details of relevant courses you have attended with dates? |
| WORK HISTORY |
| Name & address of employer | from | to | Brief details of duties | Reason for leaving |
|  |  |  |  |  |
| FURTHER INFORMATION (continue on another sheet if necessary) |
| Please indicate your reasons for applying for the post. You are also invited to give here any additional information which you wish to have taken into account in support of your application, and to list hobbies, spare time activities, interests, memberships of voluntary organisations etc. |
| **REFERENCES** Please give names, addresses and telephone numbers of two referees one of whom should be your present/most recent employer. References will be taken up after the interview. |
| 1. | 2. |
| Where did you see the post advertised? |  |
| DECLARATION |
| 1. I acknowledge that an appointment if offered will be subject to satisfactory medical clearance. Currently I am in good health
2. I declare that that I have not been convicted of any criminal offence spent or otherwise (the post is exempt from the provisions of the Rehabilitation of Offenders Act)
3. I declare that the information given on this form is correct and understand that on appointment any misleading statements or deliberate omissions will be regarded as grounds for disciplinary action.

Signature ………………………………………………….. Date…………………………………. |
| **FOR PERSONNEL / SHORT-LISTING COMMITTEE USE ONLY** |
| Shortlist / Decline with reason |  |
| Date of interview: |  |
| Panel members: |  |
| Decision with reason: |  |