

APPLICATION FORM

**The Albion Foundation
Ford Street
Smethwick
West Bromwich
West Midlands
B67 7QY**



inspire to achieve

Thank you for your interest in working with The Albion Foundation. Please complete form and return to above address or via email to member of staff shown on advert.

Vacancy Details

Position Applied for:

Your details

Surname:

Previous Name:

Forename:

Home Address:

Telephone:

Email:

Postcode:

Mobile:

NI Number:

Present/most recent employment details

Name of Employer:

Address:

Date Employment began:

Job Title

Notice period:

Post Code:

Date employment ended:

Salary £

Education

Examinations/Qualifications	Awarding Body/Institute	Date of Qualification	Grades

Relevant Training (including in-service training)

Course Title and Brief Description	Dates

Give brief details of duties and responsibilities of your present or most recent post

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Reason for leaving?

Previous Employment (most recent first)

From month/year	To month/year	Job Title	Employer	Reason for leaving

Experience and Activities which reflect personal qualities

Please describe any relevant experience ie voluntary, community work which support your application (continue on separate page if necessary)

Current membership of professional bodies (please state grade of membership and date attained)

Interview arrangements

If called for interview, do you have any particular needs?

Driving (only complete this if driving is referred to in Job Description)

Have you a current driving licence?

Yes/No

Do you have any current endorsements?

Yes/No - if yes give details

Do you have regular use of a car or motorcycle

Yes/No

References

References must be provided for the whole period of 3 years preceding this application. If you are currently in employment please give your present employer. Students should give senior tutor. If unemployed please give most recent employer.

Name

Name

Address

Address

Relationship to you

Relationship to you

Telephone

Telephone

Email

Email

If you do not wish referees to be contacted before giving your permission please enter X in box.

I declare that the information on this form and all supporting papers is true and correct.

Signature

Date