****

**Application Form**

**Headway Outreach Officer (Major Trauma Patient Support Service)**

**30 hours per week**

This form must be returned by **5.00pm on 12th January 2018.**

Applications received after this time will not be considered.

Completed applications should be returned to:

Hard copy: Electronic copy (FAO Liz Bamber):

Headway Preston & Chorley [liz@headwayprestonandchorley.org.uk](mailto:liz@headwayprestonandchorley.org.uk)

Heartbeat Centre

Preston North End

Sir Tom Finney Way

Preston

PR1 6PA

**Guidance notes for completion of application forms:**

Please complete this form in black ink or typescript to facilitate photocopying.

Applicants are advised that candidates will only be short-listed based on the information provided in their application form.

CV’s may be included as part of your application.

Headway Preston and Chorley reserves the right to shortlist only those candidates who best match the criteria.

All sections of the application form must be completed (continuation sheets may be used for this purpose if necessary).

|  |  |  |
| --- | --- | --- |
| Title | Surname | Forename(s) (Please underline name by which you are known) |
|  |  |  |
| Address | Contact Numbers | Email address |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Referees**   |  |  |  | | --- | --- | --- | | Please give the names and addresses of two referees, at least one of whom should be your present or most recent employer. References will only be taken once an offer has been made and with your permission. | | | | NAME |  | | JOB TITLE |  | | Company/organisation |  | | Address |  | | Telephone |  | | Email |  | |

|  |  |
| --- | --- |
| NAME |  |
| JOB TITLE |  |
| Company/organisation |  |
| Address |  |
| Telephone |  |
| Email |  |

**Career History**

Please outline your career to date beginning with the most recent

|  |  |  |  |
| --- | --- | --- | --- |
| Employer name and nature of organisation | Post held and brief outline of responsibilities | Dates  (month and year)  From To | Reason for leaving |
|  |  |  |  |
| Salary and benefits of most recent post | | Notice required | |
|  | |  | |

**Education and qualifications**

Secondary level and further and higher education

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| From | To | Type of school/college/university attended | | Subject | Examinations passed/working towards | | |
| Level | Grade | Date |
|  |  |  | |  |  |  |  |
| Membership of professional  institutions/associations | | |  | | | | |

Demonstrate how your qualifications and or experience satisfy the key criteria for the post which will be used to shortlist. Please refer to the Person Specification and give examples to illustrate your achievements. Continue on an extra sheet if necessary.

|  |
| --- |
| **Essential Criteria** |
|  |
| **Desirable Criteria** |
|  |

|  |
| --- |
| Please outline any voluntary or community work that you have undertaken |
|  |

|  |
| --- |
| Do you hold a current full driving licence? Yes / No  Do you have access to a form of transport which will permit you to meet the requirements of the post in full? Yes / No |

|  |
| --- |
| Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders (Exemptions) (NI) Order 1979? If so please give details of the conviction and the sentence. |
|  |

|  |
| --- |
| Do you have any prosecutions pending? Yes / No  (if yes please give details) |
|  |
|  |
|  |

|  |
| --- |
| **Declaration and signature** |
| Any candidate found to have provided false or inaccurate information may be liable to disqualification or, dismissal. I declare that the information provided is complete and accurate.  I understand that if I am successful in my application, I will be required to complete an Enhanced Access NI Disclosure Certificate Application Form.  I declare that the particulars given are to the best of my knowledge complete and accurate.  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |