



Options Counselling & Information Service

147 Shirley Road,
 Southampton
 Hants SO15 3FH
 Tel : 023 80 630219 Fax : 023 80 390800

Personal Application Form

POST TITLE:

BASE:

SURNAME	
First Name(s)	

- a) **References (See Section 10) will be taken up before interview, unless instructed otherwise.**
- b) **For copying purposes, it would be useful if applicants could complete this application in type or black ink.**
- c) **If the space provided for a particular section is not adequate, please attach an additional sheet with the question number clearly marked.**

Canvassing in any form will disqualify applicant.

Closing Date:	Received:	
<u>Please send completed application form to:</u> Mrs. N. Keeley Director Options Counselling & Information Service 147 Shirley Road Shirley Southampton SO15 3FH	Ack:	
	Panel:	
	Int:	
	Inf. U/S:	
	Appt:	

1. PERSONAL DETAILS

Surname:	First Name:
Address:	
Home Tel:	
Work Tel:	Mobile no:

2. EDUCATION

Schools attended since age 14	Examinations Passed	Year	Grade

Further or Higher Education, or Training (please state whether full or part-time)

Location	Duration of Training	Examinations Passed	Year	Grade

3. SHORT COURSES – SPECIALIST TRAINING:

NAME OF COURSE	DURATION	YEAR	NAME OF ORGANISERS

4. PRESENT APPOINTMENT:

Post Held:	Date appointed:
Employer:	
Department:	Salary/Grade:
Work Tel. Number:	Notice Required:

5. PREVIOUS APPOINTMENTS:

Post held	No years in post		Employer	Salary/ Grade	Reason for leaving

6. EXPERIENCE:

(Please give full details of all relevant experience and particularly of present job).

Please continue on a separate sheet if necessary.

A large empty rectangular box with a thin black border, intended for the applicant to provide details of their work experience.

7. PERSONAL QUALITIES:

(Please set out what personal qualities you think you can bring to this post)

A large, empty rectangular box with a thin black border, intended for the applicant to write their personal qualities. The box occupies most of the page below the question.

8. PROFESSIONAL QUALIFICATIONS:

(i.e. Membership of Professional Institute or Associations, etc. – including grade of membership)

9. REFEREES:

(Please state in what capacity your referees are known to you and if you are related to them. Your current, or if unemployed, your last employer should be one referee. If it is not, you may be asked about this.)

IF YOU ARE SHORT LISTED, REFERENCES WILL BE TAKEN UP BEFORE INTERVIEW – UNLESS INSTRUCTED OTHERWISE.

Name	Name
Address:	Address:
Tel. No:	Tel. No:
Capacity in which known:	Capacity in which known:

10. OTHER INFORMATION

Please supply the following information in a sealed envelope addressed to the Director marked "Para 11". The envelope will only be opened if you are called for interview.

- Criminal Convictions Statement (REF: CRB1)
- Medical Questionnaire
- Rehabilitation of Offenders Act 1974 Declaration (see below)

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? YES / NO

REHABILITATION OF OFFENDERS ACT 1974

You are asked to note the following paragraph carefully and give any necessary information at interview:

Because of the nature of the work for which you are applying, this position is exempt from provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1975. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act.

Any information given will be completely confidential.

<u>Signature:</u>	
<u>Print:</u>	
<u>Date:</u>	