|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CONFIDENTIAL | | |  | | | | | | | | | | | | | | | | FORM AP3 |
| APPLICATION FOR EMPLOYMENT | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| The Sheffield Royal Society for the Blind  5 Mappin Street  Sheffield  S1 4DT | | | | | | POST APPLIED FOR: | | | | | | | | **Business Support Officer** | | | | | |
| Closing Date for receipt of applications:  **31st October 2021** | | | | | | | | | | | | | |
| PERSONAL | | | | | |  | | | | | | | | | | | | | |
| Surname: |  | | | | | | | Forename(s): | | | | | | | |  | | | |
| Address: |  | | | | | | | Daytime Tel No: | | | | | | | |  | | | |
| Evening Tel No: | | | | | | | |  | | | |
| How do you wish to be addressed: Mr/Mrs/Miss/Ms/Other | | | | | | | |  | | | |
| Do you need a permit to work in the UK | | | | | | | | YES/NO | | | | | | | | | | | |
| Have you a current driving Licence | | | | | | | | YES/NO | | | | | | |  | | | | |
| If YES give details, including any endorsements | | | | | | | |  | | | | | | | | | | | |
| EDUCATION | | | | | | | |  | | | | | | | | | | | |
| Schools Attended | | | | | | | Dates From/To | | | | | Qualifications attained (including grades) | | | | | | | |
|  | | | | | | |  | | | | |  | | | | | | | |
| Colleges/Universities Attended | | | | | | | Dates From/To | | | | | Subjects taken and Qualifications attained | | | | | | | |
|  | | | | | | |  | | | | |  | | | | | | | |
| Other Training/membership of Professional Bodies/Apprenticeships/Special Courses etc. including dates where appropriate | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT HISTORY** (current or most recent employer first)  Please include temporary posts and work experience. | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | NAME & ADDRESS OF EMPLOYER | | | | | | | JOB TITLE & DUTIES | | | | | | FINAL SALARY & REASON FOR LEAVING | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
|  | |  | |  | | | | | | |  | | | | | |  | | |
| **SALARY EXPECTATION: (Must be completed)** | | | | | | | | | | |  | | | | | | | | |
| **Notice Required in Current Post** | | | | | | | | | | |  | | | | | | | | |
| REFERENCES | | | | | | | | | | | | | | | | | | | |
| Please give the names addresses and telephone numbers of two persons from whom we may obtain both character and work experience references. References from your current employer will not be sought without your authority. | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | 2 | | | | | | | | | |
| LEISURE | | | | | | | | | | | | | | | | | | | |
| Please note here your leisure interests, sports, hobbies and other pastimes etc. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| LANGUAGE SKILLS | | | | | | | | | | | | | | | | | | | |
| Which languages other than English do you speak and/or write | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| GENERAL COMMENTS | | | | | | | | | | | | | | | | | | | |
| Please detail here your specific reasons for this application, your main achievements to date, the strengths you would bring to this post and any other information relevant to your application (continue on a separate sheet of paper if necessary). | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **Have you ever been convicted of a criminal offence (including police cautions, official warnings etc)?** | | | | | | | | | | | | | YES/NO | | | | | | |
| If YES please give details (Please note that this position is exempt from the provisions of the Rehabilitation of Offenders Act 1974). An offer of employment will only be made subject to a satisfactory Disclosure and Barring Service check (Formerly CRB check). | | | | | | | | | | | | | | | | | | | |
| **DECLARATION** (please read this carefully before signing this application)  I confirm that the above information is complete and correct and that any untrue or misleading information will give the employer the right to reject my application, to withdraw any offer of employment contract offered or, if employed dismiss without notice. | | | | | | | | | | | | | | | | | | | |
| Signed:  Date: | | | | | | | | | | | | | | | | | | | |
| FOR OFFICE USE | | | | | | | | | DATE RECEIVED | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Reasons for Rejection: | | | | | | | | | 1st Interview Date: | | | | | | |  | | | |
|  | | | | | | | | | | |
| 2nd Interview Date: | | | | | | |  | | | |
| Notes on Interview/Short Listing Comments: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Offer Letter | | | | | YES/NO | | | | | References | | | | | | | | YES/NO | |
| Acceptance | | | | | YES/NO | | | | | Medical | | | | | | | | YES/NO | |
| Rejection Letter | | | | | YES/NO | | | | | Acceptance Letter Received | | | | | | | | YES/NO | |
| Qualifications Checked | | | | | YES/NO | | | | | Start Date | | | | | | | | YES/NO | |
|  | | | | |  | | | | |  | | | | | | | |  | |