

Position

Job Reference

Where did you find out about this vacancy?

(If from an advert please state which newspaper or website)

Please complete this form in full and return to:

Human Resources Department, Young Epilepsy, St Piers Lane, Lingfield, Surrey RH7 6PW

Tel: 01342 831234 Fax: 01342 835506 Email: [recruitment@youngepilepsy.org.uk](mailto:recruitment@youngepilepsy.org.uk)

Name		Title
Address		Post Code
Telephone No	Mobile No	
Email Address		

If you are not a member of the European Economic Area please state your legal entitlement to work in the UK

## Education and Qualifications

Please give full details of your education and qualifications received using a separate sheet if necessary

Schools/Colleges/Universities	From	To	Examinations passed/Qualifications obtained

Professional Registration Numbers and expiry dates

## Employment History

Name and Address of Current/Last Employer	Job Title
	From <span style="float: right;">To</span>
	Salary
	Reason for Leaving
Type of Business	Notice period

Please state your main duties and responsibilities

**Please attach a full CV or list below all your previous employers starting with the most recent. Please provide a FULL employment history and explain ALL employment gaps, continue onto a separate sheet if necessary.**

Name, Address, Tel No for each employer	From/To	Job Title and Main Duties	Reason for Leaving

## Supporting Information

Please state the reasons why you wish to apply for this post, details of the experience/training/skills that you have which meet the requirements of the Job Description and Person Specification and any additional information that supports your application. *Continue onto a separate sheet if necessary.*

## Other Information

Please state below any preferences or restrictions you may have in working hours.

Please state when you would be available to commence employment

If you have any holidays booked please give dates

Do you hold a current driving licence?      **YES**       **NO**

**References** *All offers of employment are subject to two references satisfactory to Young Epilepsy.*  
Please give below the details of two referees, one must be your present employer and the other should be a previous employer. If this is not possible please detail someone in a position of responsibility who has known you either professionally or personally for a period of more than one year.

Name
Job Title
Company Name
Address
Tel No
Email ( <b>essential</b> )
Relationship to you
Can we approach at this stage? <b>YES/NO</b>
If no, when

Name
Job Title
Company Name
Address
Tel No
Email ( <b>essential</b> )
Relationship to you
Can we approach at this stage? <b>YES/NO</b>
If no, when

## Rehabilitation of Offenders Act 1974

Due to the nature of the work for which you are applying, this post is exempt from the provisions of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and (Exceptions) (Amendments) Order 1986. You are therefore not entitled to withhold any information about convictions/binds/overs/cautions/reprimands or warnings, including those which for other purposes are 'spent' under the provisions of the Act.

On successful application, in accordance with The Police Act 1997 (Part V), Enhanced Disclosure, you will be required to give written permission for a police check to be made for any record of any convictions/binds/overs/cautions/reprimands or warnings. Any failure to disclose these may disqualify you from employment or may result in summary dismissal by Young Epilepsy once employment has commenced.

**Do you have any convictions/binds/overs/cautions/reprimands or warnings?** YES  NO

You will not necessarily be barred from employment if you have a criminal record; Young Epilepsy management will consider the individual circumstances in line with the Young Epilepsy Vetting Policy.

**Are you or have you ever been, any of the following?** YES  NO

- the subject of any police investigation and/or prosecution in the UK or any other country?
- subject to investigation or proceedings by any body having regulatory function in relation to health / social care?
- disqualified from the practice of a profession or required to practice it subject to specific limitations following a fitness to practice investigation by a regulatory body in the UK or elsewhere, (or ever have been in the past)?

**If you have answered YES to either of the above:-**

**Please give details on a separate piece of paper and submit with your application**

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**DATA PROTECTION ACT 1998** - The information on this form and associated forms will be used as follows:

- Copied to Interviewing Panel and accessed by relevant Senior Management and the Human Resources Department
- Used for ethnic and gender monitoring
- In the case of non appointment it will be retained for a period not exceeding 12 months
- If appointed the information contained on this form will be placed on the Human Resource database and will be accessed by Senior Management, Human Resources & Payroll departments only. It will then be retained for periods as set out in the relevant Young Epilepsy policy.
- By signing this form you are agreeing to these arrangements. You will also have given explicit consent to Young Epilepsy to retain information regarding gender, racial or ethnic origin, religious beliefs and physical health.

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## Declaration

**I understand that appointment is subject to the information on this form being correct and I declare this to be the case. If any statement given is false or misleading I understand that this will lead to dismissal.**

**I attach the Equal Opportunity Monitoring Form and understand that any appointment is subject to satisfactory medical clearance, relevant to the duties of the position applied for.**

**Criminal or other declarations** (please delete as appropriate)

**I have no declarations to make / I attach details of my declaration on a separate sheet of paper**

Signed

Date

I confirm all this information is true