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| TfSL MASTER LOGO | | |
| Confidential: **Application for Employment** | | |
| Post applied for**:** | | |
| **EDUCATION** | | |
| **School / College/ University** | **Course Details** | **Grade / Result** |
|  |  |  |
| **EMPLOYMENT RECORD**  Please give a description of your key tasks and responsibilities in your current (or last) employment including your employers name, job title, date started, current salary and a brief description of your key tasks and responsibilities | | |
| **Notice required in current post:** | | |

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| **PREVIOUS EMPLOYMENT** *including any voluntary work or work experience over the previous 5 years (explaining any employment gaps in that period)* | | | | |
| From - To | Name and Address of Employer | Job Title and Outline of Duties | Salary | Reason for Leaving |
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| **Please use this space to explain why you would like this job; why you think you would be good at it; and what you could bring to the post. *(Please continue on a separate sheet if appropriate)*** | |
|  | |
| **Do you wish to offer any additional information, which is relevant to your application, including outside interests and hobbies?** | |
| **References**  *Please provide the contact details of two referees, one of whom should be your current or most recent employer. We will inform you prior to contacting your referees:* | |
| Name:  Position:  Capacity in which they know you:  Address:  Tel no:  Email: | Name:  Position:  Capacity in which they know you:  Address:  Tel no:  Email: |
| **Declaration:**  I confirm that the above information is complete and correct and that any untrue and misleading information will give the employer the right to reject my application, to withdraw any employment contract offered or, if employed, to dismiss without notice.  Signed: Date  **(nb if returning this by email, you do not need to scan in your signature – we will arrange for you to sign at a later date)** | |

**Please return this form by email to** [**recruit@togetherforshortlives.org.uk**](mailto:recruit@togetherforshortlives.org.uk)

**NAME:**

|  |
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| **ADDRESS:** |

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| **HOME PHONE NUMBER:** |

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| **NATIONAL INSURANCE NUMBER:** |

**If you do not have access to email, post it to:**

**Together for Short Lives, Suite1B, Whitefriars, Lewins Mead Bristol BS1 2NT**

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