Application form

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| 1. Personal details | | | | |
| Name | |  | | |
| Address | |  | | |
| Telephone | |  | | |
| Email address | |  | | |
| Please note, this role will be subject to a DBS check | | | | |
| 2. education, training and development | | | | |
| Please tell us about any academic/professional qualifications or trainings you’ve undertaken which are relevant to this role. | | | | |
| 3. employment history | | | | |
| Please list your full paid or unpaid employment/volunteering history starting with your present or last employer/ volunteer placement | | | | |
| Month and  year started  and ended | Employer/volunteer  placement name | | Job role and duties  undertaken | Reason for leaving |
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| Continue on a separate sheet if necessary | | | | |

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| 3. employment history (cont) |
| Do share with us any relevant skills and experience relevant to this role that you’ve gained outside employment, for example in voluntary work. |
| 4. supporting statement |
| Tell us how you believe you meet the requirements of the person specification given  for the post you are applying for. You can share examples from work, paid or voluntary, and any relevant life experiences. Also please tell us why you want to work with TTI, highlighting one or two of TTI’s values you share. Continue overleaf. |

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| 4. supporting statement (cont) |
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| 5. references | | | |
| TTI is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. As part of our safer recruitment process, please provide details of two referees. One should be your current or last employer or, if newly qualified, your place of education. If you were known by a different name at the time, please state this. **No reference will be requested without your consent.** | | | |
| **Referee 1** | | **Referee 2** | |
| Name |  | Name |  |
| Job role |  | Job role |  |
| Organisation |  | Organisation |  |
| Address |  | Address |  |
| Telephone |  | Telephone |  |
| Email |  | Email |  |
| In what capacity does this person know you? |  | In what capacity does this person know you? |  |
| 6. INTERVIEW ARRANGEMENTS AND ACCESSIBILITY | | | |
| If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process. | | | |
| Are there any dates when you will not be available for interview? | | | |
| 7. DECLARATION | | | |
| I confirm that to the best of my knowledge the information I have provided on this form is correct. | | | |
| Signature | | Date | |
| Name in capitals | | | |