# C:\Users\ecrawforth\AppData\Local\Temp\7zO4E14469D\DMWSLogo_Basic_Alternative_GoldGreen.jpg Application for Employment C:\Users\ecrawforth\AppData\Local\Temp\7zO4E14469D\DMWSLogo_Basic_Alternative_GoldGreen.jpg

Please complete in your own handwriting or electronically

EMPLOYMENT IS SUBJECT TO SECURITY VETTING, DBS CLEARANCE, RECEIPT OF SUITABLE REFERENCES AND THE PASSING THE ORGANISATION’S MEDICAL EXAMINATION. THE SUCCESSFUL APPLICANT WILL BE REQUIRED TO COMPLETE A HEALTH DECLARATION AND RETURN IT DIRECTLY TO DMWS’ OCCUPATIONAL HEALTH ADVISOR.

|  |  |
| --- | --- |
| Position Applying for: | |
| **Please Note:** Please complete this form as fully as possible. CV’s are not accepted. | |
| TITLE: FORENAME: SURNAME: | |
| HOME ADDRESS:  Postcode:  Telephone:  Mobile:  Email: | WORK ADDRESS (if applicable):  Postcode:  Telephone:  Can you be contacted at work: YES:  NO: |
| NATIONALITY:  ARE YOU LEGALLY ENTITLED TO WORK IN THE UK: YES: NO: | |
| CURRENT DRIVING LICENCE STATUS (Essential Requirement):  FULL LICENCE: YES: NO:  PROVISIONAL: YES: NO: Anticipated date of test:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please give details of any driving offences currently under endorsement: | |
| How did you hear about this vacancy? | |
| Have you made any previous applications to DMWS? YES: No:  If YES, please give details: | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECONDARY EDUCATION**   |  |  |  |  | | --- | --- | --- | --- | | School | Dates | Qualifications Gained | Result/Grade | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **FURTHER EDUCATION**   |  |  |  |  | | --- | --- | --- | --- | | College/University | Dates | Qualifications Gained | Result/Grade | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **HEALTH / SOCIAL / WELFARE QUALIFICATION:**   |  |  |  |  | | --- | --- | --- | --- | | College/University | Dates | Qualifications Gained | Result/Grade | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| OTHER SKILLS (Accounts / Apprenticeships / Professional Membership, etc).  IT SKILLS/QUALIFICATIONS (ECDL and software packages used) |
| LANGUAGES (Specify standard, spoken and written) |
| EMPLOYMENT HISTORY- Continue on a separate sheet of paper as necessary. Begin with present/last job. Please explain any gaps in employment history. |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Dates** | **Employer** | **Type of Business** | **Position Held** | **Responsibilities** | **Reason for leaving** | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  | |
| Date available to work, or notice required: |
| Salary in present/last position: |
| **Explain what experiences you have had either within the working environment or your personal life that can support your application. (In no more than 300 words)** |

|  |
| --- |
| **Please use this space to tell us why you think you are the best person for this role. (In no more than 300 words)** |
| **Describe a time when you couldn’t meet a deadline. What did you do about it?**  **(In no more than 300 words)** |
| **Use this space to describe an achievement that you are proud of and why. What did you find challenging about this achievement? (In no more than 500 words)** |
| **OTHER INTERESTS AND ACTIVITIES Please give details of your main interests and the depth to which these are pursued.** |
| REFEREES: Please name two professional referees. One should be from your present/last employer/school or college. Employment is subject to satisfactory references, but these will not be taken up without prior consent.  Name: Name:  Address: Address:  Telephone: Telephone:  Email Address: Email Address:  Position: Position:  Length of association: Length of association |
| I CONFIRM THAT ALL THE ABOVE INFORMATION IS CORRECT  Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please return to:  HR Dept. at [recruitment@dmws.org.uk](mailto:admin@dmws.org.uk) or by mail to:  HR Dept. DMWS, The Old Stables, Redenham Park, Andover, SP11 9AQ  Tel: 01264 774000 |

St John and Red Cross Defence Medical Welfare Service. Registered in England & Wales as a Company Limited by Guarantee

Company Registration no. 4185635, Registered Office and Head Quarters, The Old Stables, Redenham Park, Andover, SP11 9AQ

Telephone 01264 774000 Email: [info@dmws.org.uk](mailto:info@dmws.org.uk) Website: [www.dmws.org.uk](http://www.dmws.org.uk)

Registered Charity No. 1087210