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| **APPLICATION for post of:**  **Reference: 04-24-Duns** |

Please complete ***ALL***sections and return this form by e-mail to:

[charitymanager@borderspetrescue.org](mailto:charitymanager@borderspetrescue.org)

OR by post marked “private and confidential” to:

Gemma Mudie

Charity Manager

Borders Pet Rescue

Craigsford

Earlston, TD4 6DJ

You may wish to submit additional sheets with your application.

**Personal information**

|  |  |
| --- | --- |
| Title: | Name: |
| Address:  Postcode: | |
| Home / mobile telephone no:    Preferred daytime contact number: | |
| N I Number: | |
| E-mail address: Date of birth:  (optional) | |

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| Name and address of **current/ most recent** employer: \*(delete as appropriate) |
| Description of main duties and responsibilities: |
| Reason for leaving: |
| Notice required: |

**Employment History**

Previous occupations paid or unpaid. Continue an additional sheet if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer | Position | Start/finish dates | Main duties and responsibilities | Reason for leaving |
|  |  |  |  |  |

**Qualifications and training**

|  |  |  |
| --- | --- | --- |
| Dates | Establishment | Qualifications gained |
|  |  |  |

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| **Statement in Support of Application –** please tell us your personal qualities, skills and attributes, experience and any major achievements and show how they match those needed for this job. |
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**Additional information**

Please give details of your interest in this job. .

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Please give details of your availability for work (days and times).

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**Transport**

Do you hold a current full driving licence? Yes/No

If yes, how many points, if any, do you have on your licence?

Do you have your own fully insured transport? Yes/No

Do you have business insurance? Yes/No

**Entitlement to work in the UK**

Are you entitled to work within the United Kingdom? □ Yes □ No

**Proof of identity**

You will be asked to provide evidence/identification e.g. passport, driving licence, birth certificate, if you are offered employment.

**References**

Please provide the names, addresses and telephone numbers of two people, who are not family members, who are willing to act as referees. One referee should be your most recent employer. Please state your relationship to referees**.**

|  |  |
| --- | --- |
| Name:  Address:  Telephone no:  Email: | Name:  Address:  Telephone no:  Email: |
| Relationship: | Relationship: |

Can these references be taken up before interview? Yes/ No

I confirm that, to the best of my knowledge, the information on this form is accurate and that I have not omitted any facts which may have any bearing on my application.

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| Please read the following statements. You will be asked to sign a declaration if you are appointed:   * I understand that if appointed to this post the information on this form will be kept as part of my personal file record; * I authorise you to obtain references to support this application if I am identified as a preferred candidate; * I understand that details of educational qualifications, membership of professional bodies and referee reports may be verified through the establishments and individuals I have indicated; * I consent to my details being kept confidentially and used for specific and lawful purposes as specified in the Data Protection Act 1998. |

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| Signed:  Date: |

**Data Protection**

In accordance with the Data Protection Act 1998 your details will be held and securely confidentially and will only be accessed by authorised management.

Borders Pet Rescue holds information on all staff and volunteers. This information is used for the legitimate interests of the Charity and to manage our relationship with you. We manage all the information you provide to us in this respect in line with GDPR requirements underlined by our Privacy Statement which can be found on our website or by contacting us directly. If you have any questions in relation to how we use your information, please speak to us before completing this form.