**Application Form**

Corporate Partnership Lead

**Personal Details**

Please complete all sections of this form carefully and clearly.

Telephone Numbers

Home:

Work:

Mobile:

Preferred number to be contacted on:

Home / Work / Mobile

NI Number:

Title:

Surname:

Forename(s):

Address:

Postcode:

Email Address:

**Immigration, Asylum and Nationality Act**

Are you currently eligible for employment in the UK? Yes No

If you are short-listed for this post you will be asked to provide identification documentation in accordance with the Immigration, Asylum and Nationality Act 2006

**Statement in Support of Your Application** (Please use this space to tell us about your skills and experience essential for this role. You may use additional paper)

|  |
| --- |
|  |

**Most Recent Employment Details**

Present / Last Employer’s Name and Address

Position Held:

From: To:

Notice period:

Reason for leaving:

Current/ Most recent salary:

Responsibilities:

Achievements:

**Employment History** (Please list most recent first and provide a minimum of 10 years history where applicable)

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

Name of Employer: Post Held:

Address:

Telephone No: Start date:

Leave Date: Reason for leaving:

Responsibilities:

Achievements:

**Education and Qualifications** (Please list most recent first)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Establishment  | From  | To  | Qualifications gained, including subject area  | Grades  |
|  |  |  |  |  |

**Other Training / Short Courses**

|  |  |
| --- | --- |
| Organising Body  | Course and Subject  |
|  |  |

**Membership of Professional Bodies**

If you are a member of any professional body(ies) please give details below

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Body  | Level of Membership  | Membership/ Registration Number  | Expiry/ Renewal date |
|  |  |  |  |

**Employment References**

Please provide details of two professional references, one being your current/ most recent employer and the other being your previous employer.

Name:

Position:

Company:

Address:

Tel No:

Email:

Capacity in which referee is known to you:

How long known for:

May we contact the referee following interview?

 YES / NO

Name:

Position:

Company:

Address:

Tel No:

Email:

Capacity in which referee is known to you:

How long known for:

May we contact the referee following interview?

 YES / NO

If appointed, do you have any business or other interests

which would conflict with the duties of this post? Yes No

Do you hold a current driving licence? Yes No

Do you have use of a car? Yes No

**Data protection**

Information from this application may be processed for purposes permitted under the General Data Protection Regulation (GDPR). Individuals have, on written request, the right of access to personal data held about them.

ARHC is committed to treating personal data collected during the recruitment process in accordance with its requirements under GDPR. Information about how your data is used and the basis for processing your data is provided in the Applicant Privacy Notice which can be found here: <https://mk0arthurrank3jnbb5n.kinstacdn.com/app/uploads/2020/06/privacynotice-jobapplicants.pdf>

**Declaration**

I declare that the information given in this application is to the best of my knowledge complete and correct.

*Note: Any false, incomplete or misleading statements may lead to dismissal.*

Applicant’s Signature: Date:

 **Please return completed forms to:**

HR Department, Arthur Rank Hospice Charity, Shelford Bottom, Cambridge, CB22 3FB

or e-mail : careers@arhc.org.uk