**Data Analyst and Communications Officer**

## SICKLE CELL SOCIETY

##### JOB APPLICATION FORM – Confidential

**SURNAME:**

**OTHER NAMES:**

**ADDRESS:

POST CODE: email:**

###### DATE OF BIRTH:

###### DAYTIME PHONE No: EVENING PHONE No:

**MAY WE CONTACT YOU AT WORK? Yes/No (delete as applicable)**

**EDUCATION:** (Please show schools/colleges/universities… etc. attended and qualifications obtained)

|  |  |  |
| --- | --- | --- |
| **Date (From/To)** | **Name of School/College University** | **Exams Passed/Qualifications with Grades** |
|  |  |  |

**EMPLOYMENT HISTORY:**

**PRESENT OR MOST RECENT EMPLOYMENT:**

**Name and address of employment: Job Title:**

**…………………………………………………….. ………………………………………………**

**…………………………………………………….. ………………………………………………**

**Brief Outline of duties: Date started: …………………………….**

**Salary: £ Date left:**

**Reason for wishing to leave/leaving: Notice Required:**

**PREVIOUS EMPLOYMENT (START WITH MOST RECENT):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Organisation & Address | Title | Salary £ | From | To | Brief Description and Reason for Leaving |
|  |  |  |  |  |  |

**INFORMATION IN SUPPORT OF YOUR APPLICATION:**

Please give your reasons for applying for this post and provide a summary of previous experience, achievements, abilities, and skills that are relevant to the responsibilities of the post applied for. Please address each point in the Person Specification.

**Experience**

**Knowledge and Skills**

**Personal Qualities**

**Personal Circumstances**

**(Please continue on separate sheet if necessary)**

**HEALTH:**

Please provide details of any serious illness from which you have suffered:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of days absent through illness in the last 12 months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On the advice of our Medical Advisor you may be required to undergo an examination by an approved doctor, before an offer of employment is made.

Do you agree to undergo such a medical examination? **YES/NO**

**REFERENCES:**

Please give the names of two referees. They should have knowledge of you in a working environment, either paid or voluntary. One should be your current employer, who will only be contacted if we are considering offering you the post, and only with your agreement.

|  |  |
| --- | --- |
| Name: Position: Address: Telephone No: Please state your professional relationship to your referee:  | Name: Position: Address: Telephone No: Please state your professional relationship to your referee:  |

**DECLARATION:**

I wish to apply for the position indicated on this form. I declare that all the information submitted in this application is true. I understand that before starting work I will be required to produce documentation confirming my right to live and work in the UK as per section 8 of the Asylum & Immigration Act 1996.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please email this form and a cover letter to** **fundraising@sicklecellsociety.org**

## EQUAL OPPORTUNITIES MONITORING FORM

We would be very grateful if you would also complete the information on this sheet. This will be treated as strictly confidential and will only be used to monitor the effectiveness of our equal opportunities procedures.

# APPLICATION FOR POST OF:

**Sex**

Male Female

**Ethnic Origin**

African Asian

Caribbean Black UK

White UK Other European

Other (please specify)

**Disability**

Yes No

If Yes, please state nature of disability:

Are you registered disabled Yes No

What specific facilities do you need at interview or for work: none

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you see the advertisement for this post?

People with disabilities and persistent health problems have often been excluded from employment opportunities. We at the Sickle Cell Society are using the word ‘Disability’ to include people with obvious disabilities and people with invisible disabilities or persistent health problems.

**Please email this form and a cover letter to** **fundraising@sicklecellsociety.org**