



**APPLICATION FORM**

**Post Title: Supervising Social Worker**

**PERSONAL DETAILS**

<b>SURNAME</b>	<b>FORENAMES</b>	<b>NATIONAL INSURANCE NUMBER</b>
<b>ADDRESS</b>		
<b>TELEPHONE NO.</b>		
<b>E-MAIL ADDRESS</b>		

**HEALTH**

**PLEASE STATE THE NUMBER OF DAYS AND REASONS FOR ABSENCE DUE TO SICKNESS DURING THE LAST 2 YEARS**

**PRESENT EMPLOYMENT**

<b>EMPLOYER`S NAME, ADDRESS AND NATURE OF BUSINESS</b>	
<b>TELEPHONE NO.</b>	
<b>POSITION HELD:</b>	<b>SALARY, GRADE AND BENEFITS</b>
<b>MAIN DUTIES AND RESPONSIBILITIES (Please indicate notice period required by current employer)</b>	



### EMPLOYMENT HISTORY

EMPLOYER'S NAME AND NATURE OF BUSINESS	POSITION HELD AND SALARY/GRADE ON LEAVING	DATES EMPLOYED FROM TO	REASON FOR LEAVING

### EDUCATION HISTORY

SECONDARY SCHOOL ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
COLLEGE/UNIVERSITY ATTENDED	DATES ATTENDED	EXAMINATIONS PASSED	GRADE
TRAINING COURSES ATTENDED			DATES ATTENDED

**REFERENCES**

**GIVE DETAILS OF TWO PERSONS WHO WILL PROVIDE A REFERENCE FOR YOU. NEITHER SHOULD BE A RELATIVE AND ONE SHOULD BE YOUR PRESENT, OR IF YOU ARE UNEMPLOYED, LAST EMPLOYER. MAY WE CONTACT YOUR REFEREES BEFORE INTERVIEW?**

**REFEREE 1**

**NAME:  
POSITION:  
ADDRESS:**

**TELEPHONE NO.**

**REFEREE 2**

**NAME:  
POSITION:  
ADDRESS**

**TELEPHONE NO.**

**REHABILITATION OF OFFENDERS ACT 1974**

**PLEASE DECLARE ANY CRIMINAL RECORD INFORMATION**

IF NIL PLEASE TICK AND  SIGN

SIGNED.....

**DRIVING**

**PLEASE CONFIRM YOU HOLD A CURRENT FULL DRIVING LICENCE YES/NO**

**DO YOU HAVE ACCESS TO A CAR FOR WORK? YES/NO**

**DO YOU HAVE ANY CURRENT ENDORSEMENTS?**

**YES/NO (If yes, please indicate these below)**

**HOBBIES AND SPARE TIME ACTIVITIES**

**PLEASE GIVE YOUR REASONS FOR APPLYING TOGETHER WITH DETAILS OF ANY PREVIOUS RELEVANT EXPERIENCE OR SPECIAL SKILLS AND HOW THEY MEET THE REQUIREMENTS OF THE JOB.**