

GET ME OUT THE FOUR WALLS

POST: *Referral Coordinator* IN STRICT CONFIDENCE

Please return completed form to:

Section 1

Personal Details

Your Date of Birth	Date	Month	Year
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Title (please tick)	Mrs	Ms	Mr	Dr	Other
Family Name					
First and any Other Name/s					

Address:

Postcode (if relevant)

Telephone Number (if relevant)

Home: _____ **Mobile:** _____

E-Mail Address: _____

Section 2

Previous Employment

Data Protection Act 1998

The information provided by you in support of your application will be subject to the Data Protection Act 1998. GMOTFW will hold this information for the purpose of processing your application and, if you are not successful in obtaining a placement with us, for our staff records. All information will be treated in the strictest confidence.

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An outline of previous employment or experience

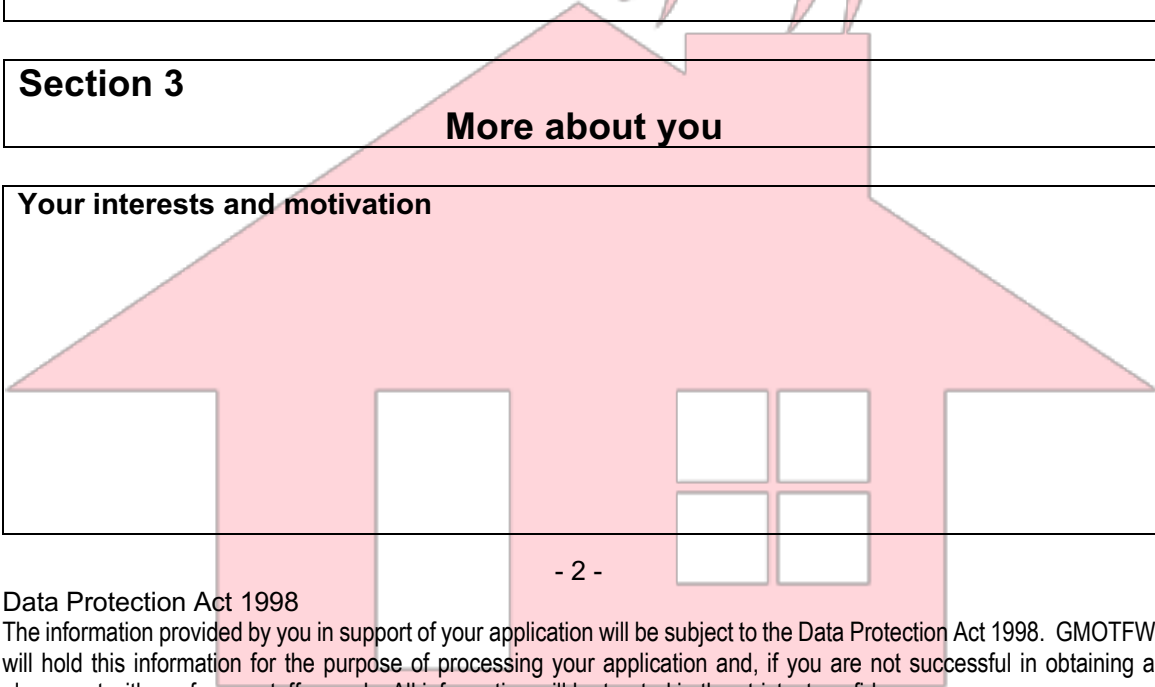
Please continue on a separate page if necessary

A large, light pink balloon is shown floating upwards. A woman and a child are standing on a pink house-like shape at the bottom, holding the string of the balloon. The woman is on the right, and the child is on the left, both holding the string. The balloon is partially overlapping the top section of the form.

Section 3

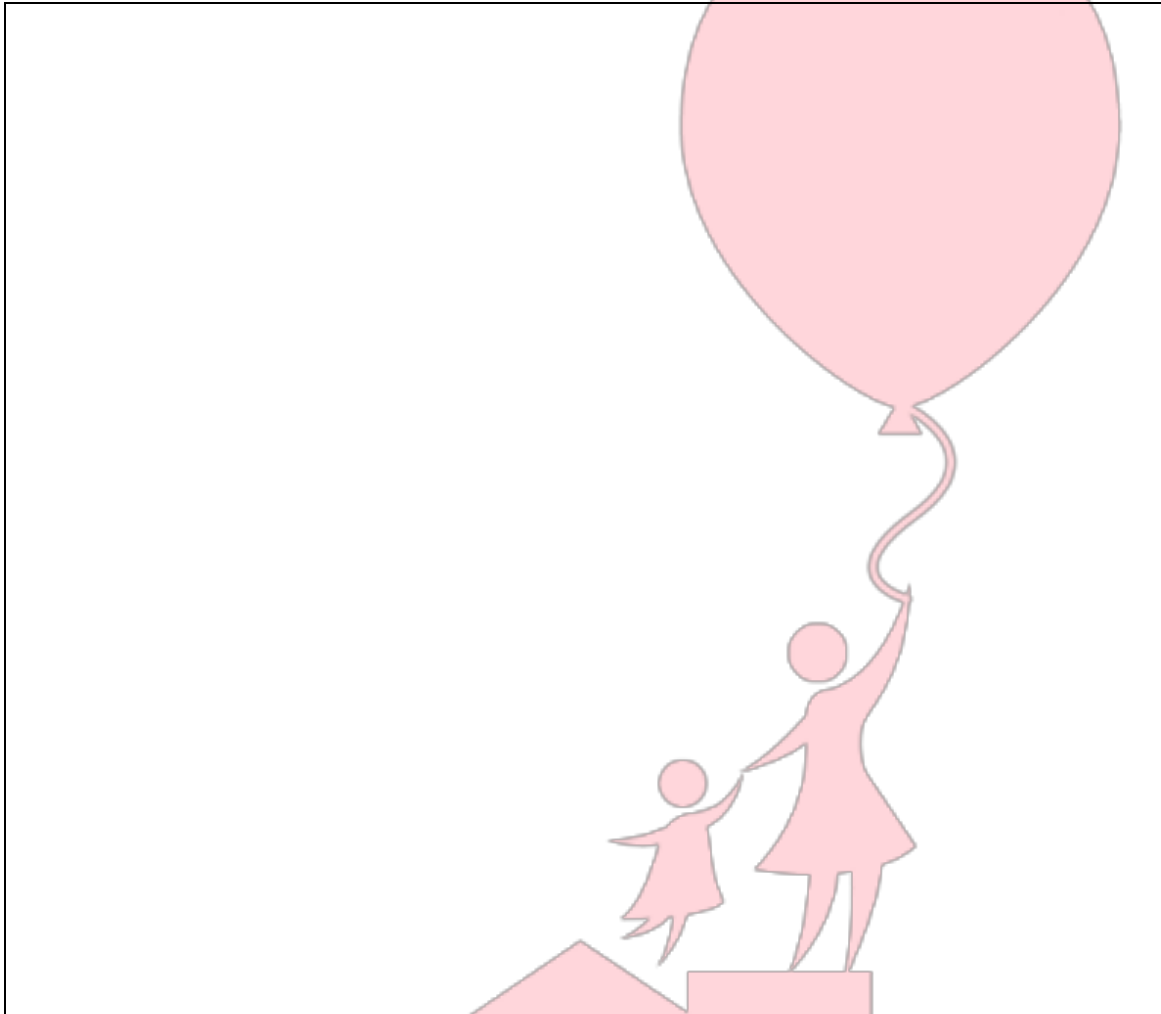
More about you

Your interests and motivation

A large, light pink house is shown at the bottom of the page. It has a triangular roof, a chimney on the right side, and several windows. The house is partially overlapping the bottom section of the form.

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Section 4

Additional Information

Referees

Please provide the details of two people willing to provide you with a reference (who are not related). At least one person should be your present, or most recent employer (if applicable). We will write directly to your two referees to obtain references. You should not enclose references with your application.

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Name of First Referee	Name of Second Referee
Telephone Number: E-Mail Address:	Telephone Number: E-Mail Address:
Address:	Address:

Emergency Contact	
Please provide contact details of someone (for example a family member) whom you would like us to contact in an emergency or serious situation (for example if you became very unwell) should you take up a role with GMOTFW	
Name	Relationship
Telephone number	
e-mail address	

Section 5
Declarations

Criminal Record Declaration

Under the Rehabilitation of Offenders Act (Exceptions Order) 1975 you are required to declare

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all criminal convictions which you have, irrespective of the nature of the offence/s and how long ago the offence/s was, or were, committed. A criminal conviction itself may not necessarily lead to refusal of your application, however, a failure to disclose any conviction you have could lead to your application being refused, or if your application is successful, your placement with Aylsham Care Trust being immediately terminated if it is subsequently discovered you have a criminal record.

Have you ever been convicted of a criminal offence

Yes / No

If yes, please provide the following details

Offence/s Committed

Date of Conviction

Sentence/Punishment

Police investigation/s which have not lead to prosecution

Have you ever been charged with a criminal offence

Yes / No#

Have you ever been subject to police investigation not resulting in a criminal conviction

Yes / No #

Are you currently subject to police investigation for any matter

Yes / No#

If yes to any of the above, please provide the following details

The alleged offence/s

Date/s

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Section 6

Relevant Experience

From the job description, identify the knowledge, skills and experience relevant to your application.

Demonstrate from your personal experience how you have displayed this competence in other organisations

Where did you gain this competence?

How long did you do this for and to what level?

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Section 7

Declarations

I declare that I have completed this application myself.

Signature

Date

I declare that the information I have given in support of my application is, to the best of my knowledge and belief, true and complete.

Signature

Date

