** Ref: ABISC/MAY17**

##### Application Form for ABI Services Co-ordinator Western HSCT

Please highlight which post you are applying for:

Western HSCT (Full time 37.5hours)

This form must be returned by 5.00pm on Thursday 29th June 2017, applications received after this time will not be considered. Completed applications should be returned to:

Hard copy: Electronic copy:

Headway the brain injury association Johny.Turnbull@headway.org.uk

C/O Regional Acquired Brain Injury Unit

Musgrave Park Hospital

Stockman’s Lane

Belfast

BT9 7JB

**Guidance notes for completion of application forms:**

* Please complete this form in **black** ink or typescript to facilitate photocopying.
* Applicants are advised that candidates will only be short-listed based on the information provided in their application form.
* CV’s must not be included as part of your application and if submitted will not be considered.
* Headway reserves the right to shortlist only those candidates who best match the criteria. .
* All sections of the application form must be completed (continuation sheets may be used for this purpose if necessary).

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| **Title** | **Surname** | **Forename(s) (Please underline name by which you are known)** |
|  |  |  |
| **Address** | **Contact Numbers** | **Email address** |
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| **Do you hold a current full driving licence?** Yes / No**Do you have access to a form of transport which will permit you to meet the requirements of the post in full?** Yes / No*(This relates to any person who has declared to having a disability which debars them from driving)*  |

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| **National Insurance Number:****Do you require a work permit to enable you to work in the UK?** Yes / No |
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| Please give the names and addresses of two referees, at least one of whom should be your present or most recent employer. References will only be taken once an offer has been made and with your permission. |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Career History**

**Please outline your career to date beginning with the most recent**

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| **Employer name and nature of organisation** | **Post held and brief outline of responsibilities** | **Dates****(month and year)****From To** | **Reason for leaving** |
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| Salary and benefits of most recent post | Notice required |
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**Education and qualifications**

**Secondary level and further and higher education**

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| --- | --- | --- | --- | --- |
| **From** | **To** | **Type of school/college/university attended** | **Subject** | **Examinations passed/working towards** |
| **Level** | **Grade** | **Date** |
|  |  |  |  |  |  |  |
| **Membership of professional** **institutions/associations** |  |

**Demonstrate how your qualifications and or experience satisfy the key criteria for the post which will be used to shortlist. Please refer to the Person Specification and give examples to illustrate your achievements. Continue on an extra sheet if necessary.**

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| **Essential Criteria** |
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| **Desirable Criteria** |
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| **Please outline any voluntary or community work that you have undertaken** |
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| **Have you ever been convicted of a criminal offence which is not a spent conviction under the Rehabilitation of Offenders (Exemptions) (NI) Order 1979? If so please give details of the conviction and the sentence.** |
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| **Do you have any prosecutions pending?** Yes / No**(if yes please give details)** |
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| **Declaration and signature** |
| Any candidate found to have provided false or inaccurate information may be liable to disqualification or, dismissal. I declare that the information provided is complete and accurate. I understand that if I am successful in my application, I will be required to complete an Enhanced Access NI Disclosure Certificate Application Form. I declare that the particulars given are to the best of my knowledge complete and accurate.**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |