**Application form – Deputy Chief Executive / Patient Information Specialist**

**Please note that this role will be based at our Office, Dick Coles House, 2 Queensbridge, NORTHAMPTON, NN4 7BF**

Please print clearly throughout in **DARK INK** or **TYPE**

How did you learn of this vacancy?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Personal Details

|  |  |
| --- | --- |
| Surname: | Address: |
| First name: |  |
| Email address: | Postcode: |
| Home phone number: | Mobile phone number: |
| Work phone number:(Discretion will be used if we need to contact you at work) |  |
| May we contact you at work? YES/NO |  |

# Education details and formal qualifications

Please list the names of the educational establishments you have attended and the qualifications you have obtained. Please list the most recent first.

|  |  |
| --- | --- |
| School, college, university attended | Educational qualifications |
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**Professional Qualifications, continuous professional development and work related training** (Please list those most appropriate to your application and the most recently attended first, give details of courses, qualifications and dates)

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# Present or last employer

|  |  |
| --- | --- |
| Name of employer: | Job title: |
| Address of employer: | Date commenced: |
| Postcode: | Final Salary: |
|  | Notice required: |
| Brief summary of main duties and responsibilities: |

**Previous employment and other relevant experience**

Please enter most recent employment first and include any voluntary or unpaid work. Also, account for any breaks in employment. Continue on a separate sheet if you wish.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employer’s name and address | Post and key responsibilities | From | To | Reasons for leaving |
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Experience and skills

This section is for you to give specific information in support of your application.

Please read the **Job Description** and **Person Specification** carefully and tell us about the experience, skills and knowledge which are relevant to your application, giving specific examples. Continue on a separate sheet if you wish.

**Health**

How many days sickness/ absence have you had during the last 12 months? \_\_\_\_\_\_\_days

Do you have any special needs, such as equipment, to enable you to work in an office environment? (Please continue on a separate sheet if you wish).

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# References

Please give the names, addresses, email addresses and telephone numbers of two referees who can be approached, one of whom should be your present employer:

|  |  |
| --- | --- |
| 1.  | 2.  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Relationship: | Relationship: |

May we approach prior to interview?

Referee 1: YES \_\_ NO \_\_ Referee 2. YES \_\_ NO \_\_

In order to comply with the Immigration Act 2016 we are required, where relevant, to see proof of your right to work in the UK. Can you confirm you are legally entitled to work in the UK?

YES \_\_ NO \_\_

Rehabilitation of Offenders Act 1974

In order to protect the public, the post you have applied for is exempt from certain provisions of the Rehabilitation of Offenders Act 1974. You are therefore required to disclose all and any past or pending cautions or convictions, whether spent or otherwise. All information provided will be kept in the strictest confidence and only used for the purpose of assessing your suitability for the post you have applied for.

Please specify below details of all and any past or pending cautions or convictions, whether spent or otherwise. If you have no past or pending cautions or convictions, please specify “None”.

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You are applying for a post involving access to persons in receipt of health services, your offer of employment is subject to a satisfactory disclosure from the Disclosure and Barring Service (DBS) (formerly the CRB). Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

**Equality of Opportunity**

The Psoriasis Association employs the best qualified personnel and provides equality of opportunity for the advancement of employees including promotion and training. We aim to prevent any form of discrimination on the grounds of race, ethnic origin, gender, age, sexual orientation, marital status, religion and personal belief or disability.

Thank you for taking the time to complete this application form.

**DECLARATION**

To the best of my knowledge the information given in this form is correct and gives an accurate representation of my education and employment history.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return your completed form marked ‘In Confidence’ to:**

Helen McAteer, Chief Executive, The Psoriasis Association, 2 Queensbridge, Northampton, NN4 7BF or email jobs@psoriasis-association.org.uk

*The Psoriasis Association, Registered Charity Nos. 257414 & SC039886*