



DORSET FOOD AND HEALTH TRUST

## Application Form

*Please complete all sections in black ink.*

Post Title:	Reference Number:
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Surname:		First Name(s):	
Address:			
Postcode:			
Home Phone Number:			
Mobile Phone Number:			
Work Phone Number:		May we contact you at work? Yes/No	
Email address:		National Insurance Number:	

### Education and Qualifications

School / College / University etc.	Qualifications (state level and subject)	Dates

**Present or Most Recent Employment**

From	To	Name and address of employer

Job Title:	
Period of notice required:	
Present Salary and Allowances:	
Key responsibilities:	

**Previous Employment (most recent first)**

From (date)	To (date)	Name and address of employer	
Job Title and grade			Reason for leaving

From (date)	To (date)	Name and address of employer	
Job Title and grade			Reason for leaving

From (date)	To (date)	Name and address of employer	
Job Title and grade			Reason for leaving

### **Information in support of your application**

Notes:

1. Please explain what interests you about this vacancy
2. Give details of relevant experience and training which could assist you in carrying out the duties involved in this post.
3. Tell us what skills and personal qualities can you bring to this post.

You may use up to two sides of A4 as continuation sheets if you wish to do so in support of your application

### **Interests**

Please include membership of clubs and any voluntary work you undertake which may be relevant to this post.

**Additional Information**

Do you hold a current driving licence Yes/No

Do you have regular use of a vehicle Yes/No

**References** – One referee should be your current or most recent employer where relevant

Name	Name
Address	Address
Telephone Number	Telephone Number
Position	Position
May we contact him/her prior to interview? Yes/No	May we contact him/her prior to interview? Yes/No
In what capacity are they known to you?	In what capacity are they known to you?

Please ensure that your referees are in a position to respond promptly

***Please note; because many of our workshops and activities involve working with children, all appointments will be subject to a satisfactory disclosure from the Criminal Records Bureau.***

I declare that the information given on the application is, to the best of my knowledge, true and complete.

Signed:

Date:

Please return this form to:  
Dorset Food and Health Trust  
Suite 7  
Merley House Business Centre  
Merley House Lane  
Merley  
Wimborne  
Dorset  
BH21 3AA