



Supporting  
women and children  
in West Cornwall

## APPLICATION FORM

Reference: Helpline and Well-being Advisor	Closing Date: Monday 1 <sup>st</sup> August 2022
Please return this form, which must be completed in full in black ink or typeface to arrive no later than the closing date (above) to:  <p style="text-align: center;">West Cornwall Womens Aid P O Box 94 Penzance TR18 2XP Email: ea@wcwaid.co.uk</p>	
Post applied for:	
Personal details: (Please use block capitals) Last name:                      First name:                      Title: Address:	
Tel No:                              Email address:	
Details of present or most recent post: Post title:                              Grade: (if applicable)	
Salary:                              Hours of work per week: (documentary evidence may be required)	
Date started:                              Date finished: (If applicable)	
Brief description of duties and responsibilities:	

Reason for leaving (if applicable):

Previous employment record.

Please list, starting with your most recent, all previous employment. Please include all full or part-time posts including voluntary work. Please account for any gaps in employment.

From	To	Employer's name and address	Position held & salary	Key responsibilities	Reasons for leaving

Education, training and qualifications:

Please list in date order, starting with most recent first, all relevant education, training and qualifications.

From /to	Place of study	Courses/subjects/title of award	Date of award and grade achieved	Part-time/Full-time

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Membership of professional bodies

Date gained:	Professional body:	Status/type of membership:
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Have you ever been expelled or disciplined by any professional body?  
 Yes  No   
 If yes, please state name of body and circumstances:

Additional information:  
 Please demonstrate how you meet the criteria outlined in the personal specification for this post by giving appropriate examples. You may use a maximum of two additional sides of A4 paper. Please attach additional sheets firmly to this form and write your name and post reference number at the top of each sheet.

References:

Please give the names and addresses of two referees (one of which must be from your current or most recent employer). References should normally be provided by your line manager. It is our normal practice to take up references for the successful applicant(s) only.

(1)	(2)
Name: _____	Name: _____
Position: _____	Position: _____
Address: _____	Address: _____
_____	_____
_____	_____
Email: _____	Email: _____
Capacity known: _____	Capacity known: _____

How much notice are you required to give?

When would you be able to take up the appointment?

Do you have a current driving licence?      Yes       No

Do you have access to a car?      Yes       No

How many days off work due to illness have you had in the last 12 months?

Do you have any health issues that we need to be aware of to enable you to perform this role?

Yes       No

If yes, please give details:

Do you have active DBS check/online registration?      YES/NO

Declaration:

I hereby declare to the best of my knowledge, all information given by me is correct, that all questions relating to me have been fully and accurately answered and I possess all the qualifications listed on this form. I agree that West Cornwall Women's Aid has the right to validate any information provided.

Signature:

Date: