



*Please complete this form in black ink in your own handwriting*

**Application for the post of:**

job title:	<b>Outreach Worker</b>
place of work:	<b>New Forest Disability Information Service</b>  Based in New Milton, travelling within the New Forest area to outreach locations, Lymington Hospital and Home Visiting clients.
reference no:	<b>OW3</b>  This is a new post to expand and enhance our Outreach Service.  <b>Closing date: 30 April @ 12 noon</b>  <b>Interviews: 2<sup>nd</sup> and 3<sup>rd</sup> week May</b>

**Personal Details:**

surname:	preferred title:
first name(s):	
home address:	
	post code:
home telephone no:	
daytime telephone no:	
e-mail address	



**Employment:**

name of most recent employer:

address of most recent employer:

position held:

date of joining:

date of leaving or notice required:

salary:

summary of duties/responsibilities:

reasons for seeking new employment:

**Previous Employment:**

please detail in date order previous jobs held in the last 10 years, starting with the most recent job.

from (mth/yr)	to: (mth/yr)	employer's name & address	salary	position held, & reason for leaving

**Health & General Attendance:**

Please state how many days absence you have had in the last 2 years as a result of ill health

Please give details of any illness which has caused absence from work for 10 or more consecutive days during the last 2 years.

**Supporting Information:**

Please use the space below to give us further details of your career, activities and personal interests which you think are relevant to your application. *(you may add an additional sheet here)*

Shortlisting will be taken by comparing the evidence presented by you with the requirements of the post as described in the Job Description and Person Specification.

**References:**

please give details of 2 referees, one of whom should be your present/last employer.

1<sup>st</sup> referee (present/last employer)

name:

address:

tel no:

occupation:

may we obtain a reference prior to an offer of appointment?

YES / NO

2<sup>nd</sup> referee

name:

address:

tel no:

occupation:

may we obtain a reference prior to an offer of appointment?

YES / NO

## Disability:

The New Forest Disability Information Service wishes to encourage and assist people with disabilities to obtain appropriate employment.

Are you a disabled person? YES / NO

Do you have a long term illness or condition YES/NO

If you answered YES to either question above please state

Disability is a physical, sensory or mental health impairment which has a substantial long term adverse effect on a person's ability to carry out normal every day activities, where feasible the Service will make reasonable provisions so that a disabled person is not at a substantial disadvantage compared to non-disabled people.

## Rehabilitation of Offenders Act 1974:

Because of the nature of the work for which you are applying, this post is exempt from the provision of Section 4(2) of the Rehabilitation of Offenders Act 1974.

Applicants are therefore not entitled to withhold information about convictions (which for other purposes are 'spent' under the provision of the Act). A criminal record will not necessarily bar you from working with the NFDIS.

Have you ever been convicted of a criminal offence? YES / NO

Have you any pending criminal charges?

YES / NO

If YES to the above please give details on a separate sheet.

Are you prepared to have a DBS disclosure?

YES/NO

**Additional Information:**

You may use this space for any additional relevant information (*you may add an additional sheet here*)

**Declaration.**

I certify that, to the best of my belief, the information I have supplied is true and complete. I understand that any false information or failure to disclose health problems or criminal convictions or prosecution pending, may disqualify me from employment or render me liable to summary dismissal.

Signature:

date: