

OXPIP

the Oxford Parent Infant Project

Application for the post of

CONFIDENTIAL

Closing date

- Please fill in all sections
- You may send your CV if you wish but the Executive Director will consider your application based on the information you give in this form
- Complete in black ink or typescript for copying purposes

PERSONAL

(Please complete this section in Block Capitals or Typescript)

Surname:

Other Names:

Address:

Post Code:

Daytime telephone number:

Evening telephone number:

Do you have a current full driving licence?

YES/NO

EDUCATION/QUALIFICATIONS AND TRAINING

Please include all relevant qualifications obtained and training courses attended

ESTABLISHMENT	DATE(S) OBTAINED/ATTENDED	QUALIFICATION(S) TRAINING

PRESENT OR MOST RECENT OCCUPATION

ORGANISATION	JOB TITLE	START DATE	DATE LEFT	SALARY

Brief description of your role (and, if applicable, your main reason for leaving)

PREVIOUS OCCUPATIONS

(Please enter most recent first)

ORGANISATION And brief description of duties and responsibilities	JOB TITLE OR OCCUPATION	FROM (Month/Year)	TO (Month/Year)	REASON FOR LEAVING

REHABILITATION OF OFFENDERS' ACT, 1974

Have you been convicted of a criminal offence (other than "spent") convictions under the 1974 Act)?

YES/NO

If YES, please give details.

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EXPERIENCE AND SKILLS

Before completing this section please read the Job Description and Person Specification carefully. Demonstrate how you meet the requirements of both by giving relevant details of your experience, skills and knowledge, gained in employment, voluntary work, or otherwise. Also, say briefly why you are applying and why you feel you are suitable for this post. You are welcome to type/write on a separate sheet if that is helpful. Your response to this section will be especially relevant in this recruitment

REFERENCES

(in Block capitals or typescript, please)

PLEASE GIVE THE NAMES OF TWO REFEREES WHO ARE ABLE TO COMMENT ON YOUR WORK ABILITY; ONE REFEREE AT LEAST SHOULD BE YOUR PRESENT OR MOST RECENT EMPLOYER, IF YOUR CIRCUMSTANCES PERMIT

NAME:

NAME:

ADDRESS (include post code)

ADDRESS (include post code)

POSITION:

POSITION:

TEL NO:

TEL NO:

Your referees will be contacted only if you are short listed for interviews. If such an arrangement is unacceptable to you, please tick this box

GENERAL

Please complete and return the enclosed Declaration of Health Form with this application

If you were appointed, when would you be available to take up the post?

Where did you see the advertisement for this post?

I wish to apply for the post named at the head of this form. I confirm that to the best of my knowledge, the information given above, and on the Declaration of Health, is correct and true and can be treated as part of any subsequent Contract of Employment.

Signed.....

Date.....2006

Please return this form once completed to:

Mrs. Elizabeth Sawyer Danowski
Director, OXPIP
Healthy Living Centre
Oxford Road, Temple Cowley, Oxford, OX4 2ES

OXPIP is committed to Equal Opportunities

You will be notified in due course whether or not your application has been short-listed. If, additionally, you wish to receive confirmation that this form has been received, please enclose a stamped addressed envelope.