**PERSONAL ASSISTANT (PA) APPLICATION FORM**

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| **Job Reference Number**\* \*Required |  |
| Where did you see the advert? |  |
| **PERSONAL DETAILS** |
| Title |  |
| First name |  |
| Surname |  |
| Any previous names  |  |
| Address |  |
| Post Code |  |
| Email address |  |
| Home telephone number |  |
| Mobile telephone number |  |
| National Insurance number |  |
| Do you need a work permit to work in the UK? |  |
| Gender |  |
| **DRIVING LICENCE** |
| Do you hold a current full British driving licence? |   |
| Has your driving licence ever been endorsed?If Yes, please give brief details. |  |
| Do you have your own transport? |  |
| **WORK HISTORY**  |
| Please provide brief details of any relevant work (paid or voluntary) undertaken, including the dates. Please start with the most recent employer first. (Please use a separate sheet if required.) |
| **Previous employer** | **Nature of work** | **Date from** | **Date to** |
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| **TRAINING, EDUCATION AND QUALIFICATIONS** (Please use a separate sheet if required) |
| **Details of Training/Education/Qualifications** | **Dates** |
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| **ABOUT YOU** |
| What makes you a good candidate for this post? What skills and experience do you have? [Please use a separate sheet if required] |
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| **REFERENCES**Please provide the names and addresses to two people (who are not related to you) who could give you a reference |
|  | Name  |  |
|  | Address  |  |
|  | Postcode |  |
|  | Email address |  |
|  | Name  |  |
|  | Address  |  |
|  | Post code |  |
|  | Email address |  |
| May we take up these references before interview? |  |

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| **DECLARATION** |
| Have you had any criminal convictions? |  |
| If yes, please give full details[Please use a separate sheet if required.]  |  |
| N.B. – Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(20 of the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). Applicants are not entitled therefore to withhold information about convictions which, for other purposes, are ‘spent’ under the provisions of the Act. Any information given will be confidential. |

I confirm that, to the best of my knowledge, the information on this form is accurate and that I have not omitted any facts which may have any bearing on my application:

|  |  |  |  |
| --- | --- | --- | --- |
| **Signed** |  | **Dated** |  |

**Note:**

As Wiltshire CIL is not the employer, your application form will be forwarded to the individual employer who should then contact you directly.

Please return this form by post or email:

**Post to:**

Wiltshire Centre for Independent Living

11 Couch Lane

Devizes

Wiltshire

SN10 1EB

**Email:**

Wiltspa-reg@wiltshirecil.org.uk