APPLICATION FORM

Please let us know if you require an alternative format, ie larger print

POST:	**SUPPORTER CARE OFFICER**
CLOSING DATE:	Deadline for applications: 30th October 2020
SURNAME:	
FIRST NAMES:	
EMAIL:	
ADDRESS:	
HOME PHONE:	
WORK PHONE:	

Please let us know if you require any reasonable adjustments for the interview. The first interview will be via phone or Zoom (the equivalent of Skype).

Please indicate what period of notice is required by your current employer

STAMMA

EMPLOYMENT HISTORY

Latest Employment			
Name & Address of Employer	From	To	Post & brief outline of duties
Reason For Leaving:			
Latest Salary:			

Previous Employment			
Name & Address of Employer	From	To	Post & brief outline of duties
Reason For Leaving:			

Previous Employment			
Name & Address of Employer	From	To	Post & brief outline of duties
Reason For Leaving:			

REFERENCES

Please give the names and addresses of two referees one of whom should be your present or latest employer:		
NAME:		
POSITION:		
COMPANY / ORGANISATION:		
ADDRESS:		
TELEPHONE NO/EMAIL:		
IN WHAT CAPACITY DO YOU KNOW THIS PERSON:		

TICK AS APPROPRIATE:	☐ Do not contact until offered the post	☐ Do not contact until offered the post
	☐ Can be contacted now	☐ Can be contacted now

If you have been convicted of any criminal record which is not spent, as defined by the rehabilitation of offenders act 1974, please give details:	
Signed:	Dated:

Relevant Qualifications & Training

Describe any community activity or voluntary work you have been involved in which is of relevance to the post: (please give dates and name of organisation). 250 words max

Paying careful attention to the criteria listed in the Person Spec, please explain how you will bring your skills and experience to bear on this job. (500 words max)

Please send this form, together with your Monitoring form and accompanying letter, and CV if wished, by 30th October to Jacqueline.Fitzsimmons@stamma.org.

Contact Jacqueline.Fitzsimmons@stamma.org if you have any queries.