Special Stars Foundation

Registered Charity number 1156237

APPLICATION FORM

Please complete **all sections** of this form, using a continuation sheet if necessary Applications with missing information **will be rejected**. Please note references will be checked and proof of qualifications will be required if successful

Position applied for:

Name:	DOB:
Address:	
Email address:	
Telephone: Mobile:	

Please give details of any disabilities/special needs/illnesses/allergies/regular medication:

Name and address of GP:

EDUCATION & QUALIFICATIONS

- Please list details of qualifications gained, starting with current or most recent.
- Include the name and address of the place you gained these qualifications and the dates
- A photocopy of any qualifications declared **must** be provided if you are offered an interview

Continue on a separate sheet if necessary

Continued Overleaf

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Education and qualifications continued:

EXPERIENCE

Use this space to tell us about any experience you have had working with disabled people. If you have neither of these, please tell us why you would like to work for us and what particularly interests you about working for Special Stars Foundation
What skills do you have that make you a good candidate for this role?
Continue on a separate sheet if necessary

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ABOUT ME Use this space to tell us a little more about yourself

DO YOU HAVE ANY CRIMINAL CONVICTIONS?
YES/ NO (please circle)
If yes, please give full details:

DO YOU HOLD A CURRENT, ENHANCED DBS CERTIFICATE?
YES/ NO (please circle)
If **NO**, do you agree to us carrying out a DBS check (we will pay for this)?

REFERENCES Pleas provide details of two references who have known you for at least two years, one of whom should be your current or most recent employer. Referees cannot be related to you in any way. References will only be contacted following interview, should you be successful	
Reference 1 Name:	Company:
Address:	
Email address:	Telephone
Capacity in which known:	
Reference 2 Name:	Company:

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Address:	
Email address:	Telephone
Capacity in which known:	

WHAT MAKES YOU THE RIGHT CANDIDATE FOR THIS ROLE?

USE THIS SPACE TO EXPLAIN WHY YOU APPLIED FOR THE ROLE, WHAT STRENGTHS YOU HAVE AND WHY YOU WOULD BE THE RIGHT PERSON FOR THIS ROLE

EMERGENCY CONTACT INFORMATION

Name:	Relationship to you:
Address:	
Mobile:	

This information provided on this form will be held in complete confidence and will only be shared with a third party in an emergency situation

Form completed by (print name):	
Signature:	Date:
How did you hear about this position?	

Completed applications can be sent to info@heyspecialstars.co.uk or via post to:
Special Stars Foundation, 171 High Street, Hull, HU1 1NE