

Blind Summit Application Form

This form may be typed or handwritten, or reproduced in similar format if necessary.

Please complete and return to: info@blindsummit.com

OR Blind Summit Education
Unit 10 Grenville Workshops
2A Grenville Road
London
N19 4EH

Important: If you have difficulty completing the form because of a disability, please contact the person named in the information pack and help can be provided.

Position Applied For:

Title: Mr / Mrs / Miss / Ms / Other

First Name:

Surname:

Address:

Email:

Phone Number: Home:

Mobile:

Work (if we may contact you there):

Entitlement to work in the UK Are you able to produce a document confirming your entitlement to work in the UK such as a UK Passport, UK Birth Certificate, completed P45 or P60, Naturalisation Certificate or other appropriate document as required by the Asylum and Immigration Act 1996? **Yes / No**

Please enter your National Insurance Number:

EDUCATION & TRAINING

Please list your education / training

Dates	Institution <i>(School / College / University / Training Centre)</i>	Qualifications obtained and Grades where appropriate

EMPLOYMENT

Please list your previous employment (starting with your current or most recent post) along with a brief description of your responsibilities. Please also include relevant unpaid or volunteer work. Continue on an extra sheet if necessary.

Job Title:

Employer:

Responsibilities:

Date started:

Leaving Date or Notice Period:

Reason for Leaving:

Salary on leaving:

Job Title:

Employer:

Responsibilities:

Date started:

Date Left:

Reason for Leaving:

Job Title:

Employer:

Responsibilities:

Date started:

Date Left:

Reason for Leaving:

Continue on an extra sheet if necessary.

Please comment on any time during the last 10 years not accounted for in your employment and education history (including unemployment):

OTHER INTERESTS

Please tell us about your hobbies and interests outside of work.

PERSONAL STATEMENT

Please explain your reasons for applying for the post and indicate how you would fulfil the requirements of the Person Specification and Job Description.

WORD LIMIT - 300 words

ABSENCE

Please indicate how many days sick leave you have taken in the past two years, providing any necessary details for extended periods if you wish.

CRIMINAL CONVICTIONS:

Please give details of any criminal convictions you have had, excluding any "spent" under the Rehabilitation of Offenders Act 1974.

REFEREES

Please provide details of two referees, one of which should be your current or most recent employer or School/College.

1. **Name:**

Job Title:

Address:

Telephone:

May this person be contacted without your prior permission?

Yes / No

2. **Name:**

Job Title:

Address:

Telephone:

How do you know your second referee?

May this person be contacted without your prior permission?

Yes / No

ADDITIONAL INFORMATION FOR PEOPLE WITH DISABILITIES:

Do you consider yourself to be disabled:

Yes/No

If yes, please provide any details if you wish:

Do you require any reasonable adjustments, due to disability or health condition, to enable you to attend an interview, or which you wish us to take into account when considering your application?

Yes / No

If yes, please provide any details if you wish:

DECLARATION

To the best of my knowledge and belief the information given in this application is accurate and complete. I authorise Blind Summit to obtain references to support this application by the time the offer is made and release Blind Summit and third parties from any liability caused by giving and receiving information in support of the application process.

Signed:

Date:

(If submitted electronically, a signature will be required if you are invited for interview.)

Please note that any false, incomplete or misleading statements may lead to dismissal.

Please use this page to give any further information.

