## Application Form Moor Allerton Elderly Care

57 Cranmer Bank, LEEDS LS17 5JD

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| Post Title | Finance Officer MA 110 | Application Number (office use only) |
| Closing Date | **7th January 9am** |

**Please complete this form in full, and return by email to** [**julia@maecare.org.uk**](mailto:julia@maecare.org.uk)

|  |  |
| --- | --- |
| Personal Details |  |
| Last Name | First Name(s) |
| Address | |
| Telephone Number (daytime) | Telephone Number (evening) |
| Facsimile Number | Email address |
| May we contact you at work if necessary? Yes/No\*  \*Please delete as necessary | |

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# Education *(earliest first)* Application number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Course | Institution | Qualification/Level |
|  |  |  |  |  |

# Skills/Training

Please give brief details of any other relevant courses and/or training undertaken of currently being studied.

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| --- | --- | --- |
| Organising Body | Course | Year |
|  |  |  |

Employment

# Present or most recent employment

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Name/Address of employer | Job title & key responsibilities |
|  |  |  |  |

|  |  |
| --- | --- |
| Reason for leaving if no longer there. | |
| How much notice do you have to give? |  |

# Previous Employment

# Please supply a complete employment history starting with the earliest first*.* Any gaps in employment must be accounted for. Please use additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| From | To | Job title & employer | Reason for leaving |
|  |  |  |  |

# 

Additional Information

**Community and Voluntary Work Experience and/or Caring responsibilities**

Please tell us about any voluntary work experience you have gained, or about your involvement in community and voluntary groups, details of which are not given in previous sections. Please also use this space to explain any gaps in employment that can include time in an unpaid caring role.



# References

Please give the name and address of two referees who can comment on your ability to do this job. One of these should be your current or most recent employer; if you have been in education rather than in employment, you may give an academic tutor or similar. Your referees should both know you professionally as opposed to being friends and neither should be related to you. Your referees will be asked to comment on your attendance and disciplinary record; in signing this form you are giving your consent to us asking these questions. All offers of employment are subject to receipt of satisfactory references.

|  |  |
| --- | --- |
| Name | Name |
| Address | Address |
| Telephone | Telephone |
| Email | Email |
| Capacity in which known | Capacity in which known |

**Suitability for this post**

Please use this section to demonstrate clearly that you have the necessary experience, knowledge & skills for the post as laid out in the Job Description and Person Specification, preferably describing how you meet each requirement in turn. Your experience, knowledge & skills may have been gained from unpaid work/volunteering and/or home activities as well as from paid work. Please use this space and **not more** than one additional side of A4 to demonstrate this. **Please do not use a smaller font size than 12.**

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| Do you have any criminal convictions which may be relevant to this post? You are not required to reveal any convictions which are spent under the Rehabilitation of Offenders Act 1974. However we will require an employee to undertake a Disclosure and Barring Services check if the role is considered to be a regulated activity.  YES/NO\* If yes, please give details:  \* Please delete as necessary |

|  |
| --- |
| As far as you know, do you have a relationship with any staff or trustees of MAECare?  YES/NO\* If yes, please give details:  \* Please delete as necessary |

Are you legally permitted to take paid employment in the country? Please note all offers of employment are made subject to the production of documentary evidence of such permission e.g. passport of other Home office authorised documentation.

YES/NO\* If no, please give details of your situation

\* Please delete as necessary

# Please contact us at any stage of the process if you wish to discuss any adjustments that you may require, for example, due to a disability.

The information submitted in this application form constitutes the basis of a contract of employment; if I am offered the post and it is subsequently discovered that I have wilfully given false information I will be liable for dismissal. MAECare may require proof of any statements made on this form, including qualifications.

I give my consent for MAECare to record and keep my personal information for recruitment purposes with MAECare.

I confirm that the information presented is correct to the best of my knowledge and I consent to MAECare checking any information I am unable to verify personally.

|  |  |
| --- | --- |
| Signed | Date |