SESSIONAL WORKER

 APPLICATION FORM

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| --- | --- |
| Name |  |
| Address  |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| Do you have a current driving licence?  | Yes No  |

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| **References** |
| Please give two referees, one of whom should be your present or most recent employer or your current or most recent educational establishment.  |
| Name |  |  |  |
| Address |  |  |  |
| Contact Number |  |  |  |
| Email  |  |  |  |
| Relationship to you |  |  |  |
| May we approach your referees before interview? | Yes No | Yes No | Yes No |

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| **Reasonable adjustments** |
| Do you have any disabilities that might affect your application?  | Yes No  |
| Please tell us if:1. there are any reasonable adjustments we can make to assist you in your application.
2. there are any reasonable adjustments we can make to the job itself to help you carry it out.
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| Application |
| Please tell us your reason for applying and the qualities and experiences you have you consider make you a suitable applicant.Please refer to the person specification to support you to complete this statement.  |
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| **Declaration** |
| I declare that I have the legal right to live and work in the UK. I declare that to the best of my knowledge the information given on this application form is true and correct and can be treated as part of any subsequent contract of employment.**Signature: Date:**  |
| Where did you see this post advertised? |  |
| **Please return this application by post to:**ADMINISTRATOR FIFE YOUNG CARERSUNIT H, NEWARK ROAD NORTHEASTFIELD INDUSTRIAL ESTATEGLENROTHESKY7 4NT  | **Or email it to:****admin@fifeyoungcarers.co.uk**  | **Fife Young Carers (SCIO)****SC047519** |