For Office Use Only:

Ref No: \_\_\_\_\_\_\_\_\_



**VOLUNTARY ACTION MERTHYR TYDFIL**

**Lead Officer – Health & Wellbeing**

**Personal Details**

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**References**

Please give details of two referees, one of which should be your present or most recent employer.

|  |  |
| --- | --- |
| 1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please note;**

1 We will not request references until after the interviews have been held.

2 The first two pages will be detached from your application for the purpose of shortlisting candidates.

3 You must complete all sections of the application form. Curriculum Vitae will not be accepted and if included will be disregarded.

**Application Form**

The information provided will remain private and confidential and will be used for the purpose of selection/recruitment. Where the application is successful VAMT may, from time to time, wish to process this information (as updated periodically) for personnel administration and business management purposes. Where this is the case, processing will take place in accordance with the provisions of the Data Protection Acts 1984 and 1998. Please also note that VAMT may approach third parties to verify the information that you have given. By signing this form you will be providing VAMT with your consent to all these uses.

**Declaration:**

I declare to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declarations or misleading statement or a significant omission may disqualify me from employment and render me liable for dismissal. I understand that any job offer is subject to references, a probationary period and (if the VAMT believes it appropriate) a medical report, evidence of relevant qualifications and DBS disclosure, all of which must be deemed by VAMT to be satisfactory.

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal.

Signed:

Date:

**EDUCATION AND TRAINING**

For Office Use Only:

Ref No: \_\_\_\_\_\_\_\_\_\_

**Secondary Education**

|  |  |  |
| --- | --- | --- |
| Qualifications gained | Dates: From | To |
|  |  |  |

**Further and Higher Education**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Institution | Qualifications gained | Dates: From | To |
|  |  |  |  |

**Other Qualifications**

|  |  |  |
| --- | --- | --- |
| Qualification | Details | Date gained |
|  |  |  |

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Other relevant courses attended

|  |  |  |
| --- | --- | --- |
| Organising Bodies | Details | Dates |
|  |  |  |

Please give details of unpaid work experience or voluntary work.

|  |
| --- |
|  |

If there are gaps in your employment record, please account for them below. Please give details, for example, caring for dependants.

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**EMPLOYMENT HISTORY**

Present or most recent employer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Address of Employer | Dates:  From | To | Job Title | Notice required | Salary |
|  |  |  |  |  |  |

Main duties and responsibilities

|  |
| --- |
|  |

**Previous Paid Employment (start with the most recent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Employer | Dates:  From | To | Job Title | Salary |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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**Other Information**

Are you currently eligible for employment in the UK? Yes/No

Please state what documentation you can provide in order to demonstrate this e.g. British passport/European Economic Area identify card/full birth certificate/Passport or travel document showing an authorisation to reside and work in the UK.

Do you hold a full current driving licence for use in the UK? Yes/No

Is your driving licence free of endorsements? Yes/No

If no, please give details of any points or convictions, including any pending convictions

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**SUPPORTING INFORMATION**

Please look at the PERSON SPECIFICATION for this section. Use it to show us how you have the skills and knowledge requested (use extra sheets if necessary). Please remember to include any relevant voluntary work or life experience.

Please return this form to [recruitment@vamt.net](mailto:recruitment@vamt.net) or post to Voluntary Action Merthyr Tydfil, Voluntary Action Centre, 89-90 High Street, Merthyr Tydfil, CF47 8UH. Please mark envelope “Lead Officer – Health & Wellbeing”.

The closing date for receipt of applications is 31st March 2025, 12pm.