**VOICEBOX APPLICATION FORM**Please return your completed application form by email to fbeard8@gmail.com.

YOUR PERSONAL DETAILS

*Please fill in all elements of the application so that we can process your application*

| **Please write the name of the position you are applying for:**Click here to enter text. |
| --- |
| **You and your contact details** |
| *Please cross ONE box or enter your preferred title**Please fill in your full name**This is your preferred or shortened name* |

| Title:☐Mr ☐Mrs ☐Ms ☐Miss ☐Mx ☐Dr ☐Other |
| --- |
| Surname: | Forename(s):  |
| Preferred name: |  |
| Address: |  |
| Postcode: |  |
|  |  |
| Telephone/mobile number: | Email address:  |
|  |  |
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|  |
| *Please choose* *You only need to answer questions (B) and (C) if you answered ‘NO’ to question (A)* |

| A) Are you a UK/EEA national? ☐Yes ☐NoB) If you are not a UK/EEA national do you have a visa to work in the UK? (e.g. a Tier 1 visa) ☐Yes ☐NoC) Are you applying under the Tier 2 PBS? ☐Yes ☐No |
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*Please continue your application on the next page*

| **Your employment history** |
| --- |
| *Please include details of relevant employment*

| Company name:Post Held:  |  |
| --- | --- |
| Responsibilities & Duties: |  |
|  |  |

  | Please detail how your experience relates to the position at Voicebox. |
| *Please include details of relevant employment*

| Company name:Post Held:  |  |
| --- | --- |
| Responsibilities & Duties: |  |
|  |  |

  | Please detail how your experience relates to the position at Voicebox. |
| *Please include details of relevant employment*

| Company name:Post Held:  |  |
| --- | --- |
| Responsibilities & Duties: |  |
|  |  |

  | Please detail how your experience relates to the position at Voicebox. |

*Please continue your application on the next page.*

| **Education and Training***(If you have attended a place of further or higher education, information concerning schools and school examinations may be omitted). You will be required to produce original certificates/qualifications.* |
| --- |
| **a) Secondary education OR Further and/or Higher education, giving most recent qualification first. Please include any professional qualifications.** |
| School/College/University/Other | Qualification and subjects(s) | Qualification/ level | Year obtained |
| **b) Qualification(s) currently being undertaken** |
| Institution/Provider  | Subject(s) | Qualification/level | Year obtained |

*Please continue your application on the next page.*

APPLICATION DETAILS

 *Please fill out these details- they are necessary for us to process your application*

| **Disclosure of a Criminal Record/Rehabilitation of Offenders Act 1974** |
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| If the post you have applied for is **exempt** from the Rehabilitation of Offenders Act 1974 and requires a Standard or Enhanced Disclosure (as indicated on the job description), you must disclose **all** convictions (whether spent or unspent), cautions, reprimands and final warnings on your criminal record. (***Please read the guidelines carefully***)**If the post is subject to either a Standard or Enhanced Disclosure, you must answer the following question:**Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police? ☐Yes ☐No**If the post is subject to Enhanced Disclosure, you must also answer the following question:**Are you aware of any police enquiries undertaken following allegations made against you or do you have any pending prosecutions, which may have a bearing on your suitability for this post? ☐Yes ☐No |
| **For all other posts:** Do you have any unspent criminal convictions? ☐Yes ☐No (If you answer yes to any of the above questions, please give details of offences, penalties and dates on a separate document (which should be signed and dated), and sent to fbeard8@gmail.com. Include your name and the job title in the document.) |

| **Disability** |
| --- |
| Do you consider yourself to have a disability? ☐Yes ☐NoPlease describe any special requirements/reasonable adjustments which will help you participate in an interview or to carry out this post if appointed: |

| **Reference***Please give a name to act as a referee for your application. This person should not be related to you and will be willing and able to provide up-to-date information on your qualifications, experience and skills to support your application. This could be somebody related to relevant voluntary or community work or, if appropriate, your head teacher or lecturer/tutor from your last school or college or university.* |
| --- |
|

| **Reference 1-** Name:Position:Relationship to you:Address:Postcode: Telephone/mobile number:Email address:  May we contact this person prior to interview?☐Yes ☐No | **Reference 2-** Name: Position:Relationship to you:Address:  Postcode: Telephone/mobile number: Email address:  May we contact this person prior to interview?☐Yes ☐No |
| --- | --- |

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*Please continue your application overleaf*

| **Declaration** |
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| 1. *I understand Voicebox reserves the right to withdraw an offer of appointment or to terminate my employment with or without notice or payment in lieu in cases where: (a) it is discovered I do not have the claimed qualification or experience (b) I do not obtain, for whatever reasons, any appropriate examination or licence; (c) I become disbarred from the appropriate Regulatory Body or Authority.*
2. *I understand that an offer of appointment will be subject to references satisfactory to Voicebox.*
3. *I understand that, if the post is subject to Standard or Enhanced Disclosure, I must disclose details of any criminal record, including convictions, cautions, reprimands and final warnings and (for Enhanced Disclosure) any other information that may have a bearing on my suitability for the post.*
4. *I understand that providing false or misleading information will disqualify me from appointment or if appointed will render me liable to dismissal without notice.*
5. *I declare that the information I have given is, to the best of my knowledge, true and complete.*

*I agree that the information given may be used for registered purposes under the Data Protection Act 1998.*Has anyone else completed this form on your behalf?☐Yes ☐No |
|

| *Please insert an electronic signature or write your name:* | Signed: Date:  |
| --- | --- |

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##### This is the end of the application form. Please return your completed application form by email to fbeard8@gmail.com