

The West of England MS Therapy Centre

reg charity no: 801155

a part of

Bradbury House, Wheatfield Drive

Bradley Stoke, Bristol, BS32 9DB

hello@thebrightwell.org.uk

01454 201 686

APPLICATION FORM

**Please type or print using black ink and complete all relevant sections.**

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| **APPLYING FOR THE POSITION OF: Receptionist** | |
| **Title** | **Address** |
| **Surname** |
| **First Name** | **Postcode** |
| **Email** | **Telephone** |

**EDUCATION**

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| **Please list any relevant qualifications, including dates and the year they were obtained, starting with the most recent. If you are applying for a Therapy role please include the name of the professional registration body, registration number and expiry date.** |

**WORK EXPERIENCE**

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| **Please list your work experience (paid or voluntary), starting with the most recent. Include dates, position held and a description of your responsibilities. Please outline the reason for any significant gaps. You are welcome to copy and paste this information from your CV** |

**REFEREES**

|  |  |
| --- | --- |
| **Current / Most recent employer** | **One other person (not a relative) who can give a professional reference.** |
| **Name** | **Name** |
| **Position** | **Position** |
| **Address** | **Address** |
| **Postcode** | **Postcode** |
| **Telephone number** | **Telephone number** |
| **Email address** | **Email address** |

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| **SKILLS AND EXPERIENCE**  **Why did you apply for this role, and what you would bring to The Brightwell?**  **Please answer this question with reference to your previous experience. (Try to keep your answer to one side of A4)** |

**ADDITIONAL INFORMATION**

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| **What period of notice are you required to give?** |
| **Where did you learn of this vacancy?** |
| **Are there any dates during the next month when you will not be available for interview?** |
| **Do you require a Work Permit? YES / NO** |
| **Are you able to reliably commute to the Brightwell? YES / NO** |

**DISCLOSURE OF INFORMATION**

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| **Are you related to anyone who works for the Charity or is a Trustee of the same? YES / NO**  **If YES please give details** |
| Because of the nature of the work concerned, this post is exempt from the provisions of Section 4 (2) of the Rehabilitation of Offenders Act 1974. You are not entitled to withhold information about convictions that for other purposes are “spent” under the provisions of the Act. Any such information given will be completely confidential and will be considered only in relation to your application for this post. In order to fulfil this requirement, would you please complete the following details: |
| **Have you ever had a conviction? YES / NO**  **If yes, 1. When did this take place?**  **2. What was the charge?**  IMPORTANT NOTE: The following may result in disqualification:  1. Canvassing a member of the Management Committee.  2. Failure to disclose a relationship with a member of the Management Committee.  3. Failure to disclose convictions, including “spent” ones if applicable. |

Our organisation undertakes criminal records checks for some posts. An Enhanced DBS check is primarily used for clinical / therapy positions and a Standard DBS is required for some non-clinical/administrative positions, depending on the remit of their role.

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| **An Enhanced DBS check is required for this position.**  **In the event that you are offered the post, do you agree to undergo an enhanced DBS check?**  **YES / NO** |

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| **I understand that this appointment may be subject to an occupational health assessment. I certify that the above information is correct and accept that false information given may result in the termination of any subsequent employment gained.** |
| |  |  | | --- | --- | | **Signature** | **Date** | |

**PLEASE EMAIL YOUR COMPLETED APPLICATION FORM TO:** [**doro.pasantes@thebrightwell.org.uk**](mailto:doro.pasantes@thebrightwell.org.uk)