

# CARERS LEEDS

6-8 The Headrow, Leeds LS1 6PT

Telephone 0113 246 8338

Application for the post of: **Working Carers Coordinator and Support Worker**

Please return this form by: **5pm on Friday 23 March 2018**

FORENAME(S)..................................................……………………

SURNAME.....................................................................……………

ADDRESS.........................................................................................

..........................................................................................................

…………………………………………………………………………..…

DAYTIME TELEPHONE NUMBER…………………………………...

EMAIL .............................................................................................

Signature::…………...............…….. Date:……...............

APPLICATION REFERENCE NUMBER ……Web……**(Office use only)**

APPLICATION REFERENCE NUMBER ……………………**(Office use only)**

Please explain why you are applying for this post. State how you meet the person specification, relating your answers to the tasks set out in the job description. Please ensure that you address every aspect of the person specification and number your statements accordingly. **Do not exceed 2 sides of A4**.

**EMPLOYMENT**

Current Employment

Please give the name and address of your current employer, your job title and the main duties.

Employer’s Name & Address Post Held From To

Previous Employment

Please give details of previous employment giving the most recent first – explain any gaps in

employment history

Employer’s Name & Address Post Held From To

Please give the salary in your present, or most recent post ....................................................

**VOLUNTARY WORK**

Please indicate any voluntary activities you have undertaken.

Organisation Post Held From To

**EDUCATION AND TRAINING**

Please indicate any education or training you have undertaken, adding where appropriate, any qualifications you have obtained and give dates.

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| **References** | |
| Please give details of two persons to whom references may be made. Where possible, one of these should be your present or last employer.  We would prefer to take up references by email, please provide email address where possible.  If you do not want us to contact them unless we offer you the position, please tick the box. ☐ | |
| Name: | Name: |
| Job Title: | Job /title: |
| Status (e.g. teacher, friend): | Status (e.g. teacher, friend): |
| Name of Company: | Name of Company: |
| Address: | Address: |
| Telephone Number: | Telephone Number: |
| Email Address: | Email Address: |