**A logo for a company

Description automatically generated**Logo

Description automatically generated

**Application for Employment**

**Return this form to:**

[k.baird@fsem.ac.uk](mailto:k.baird@fsem.ac.uk)

**POST APPLIED FOR:** Moving Medicine Patients Project Manager

**CLOSING DATE:** Wednesday 15th January at 5pm

**Interviews will be held on Friday 31st January 2025 in Edinburgh.**

**Personal details**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postcode: |  |
| Phone: |  |
| Email: |  |

**Education and training**

Please give details:

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**Qualifications**

Please give details:

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| --- |
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**Employment history**

Your current or most recent employer

|  |  |
| --- | --- |
| Name of employer: |  |
| Address: |  |
| Postcode: |  |
| Job title: |  |
| Pay: |  |
| Length of time with employer: |  |
| Reason for leaving: |  |
| Duties and Key Responsibilities: |  |

**Previous employers**

Please tell us about other jobs you have done and about the skills you used or learned in those jobs.

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**Supporting statement**

After reviewing the job description, please tell us why you applied for this job and why you think you are the best person for the job.

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**Interview arrangements and availability**

If you have a disability, please tell us if there are any reasonable adjustments, we can make to help you in your application or with our recruitment process.

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**Are there any dates when you will not be available for interview?**

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**When can you start working for us?**

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**Right to work in the UK**

Do you need a work permit to work in the UK?

YES / NO

**References**

Please give the names and contact details of 2 people who we can ask to give you a reference. We may ask them before an employment offer is made. We will not ask your current employer until we get your permission.

Referee 1

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Referee 2

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**Declaration**

I confirm that to the best of my knowledge the information I have provided on this form is correct and I accept that providing deliberately false information could result in my dismissal.

Name:

Signature:

Date: