



'Supporting independence from alcohol and tackling homelessness'

Code: _____

Position applied for: _____

Where did you hear of this post? _____

PERSONAL DETAILS

FORENAME(S)	SURNAME
DATE OF BIRTH	AGE
ADDRESS	TELEPHONE

ETHNICITY

WHITE	UK	
	IRISH	
	OTHER	
BLACK	CARIBBEAN	
	AFRICAN	
	OTHER	
ASIAN	INDIAN	
	PAKISTAN	
	BANGLADESHI	
	CHINESE	
	VIETNAMESE	
	OTHER	
OTHER	PLEASE SPECIFY:	

DISABILITY

Do you have any disabilities?	
If yes, are you registered disabled?	

DRIVING LICENCE Do you hold a current UK Driving Licence Yes / No

Do you require a work permit? Yes No

Sex

Male Female

Marital Status Married
 Divorced
 Widowed
 Single
 Partnership
 Separated

Please give the names and address of two referees (not related to you), one should be your current or last employer. Please indicate any that you do not wish taken up at this stage. Please note that current SIFA Fireside staff can not act as referees.

Name	
Position	
Organization	
Address	
Post Code	
Tel No	
Email	
May we contact before interview	Y <input type="checkbox"/> N <input type="checkbox"/>

Name	
Position	
Organization	
Address	
Post Code	
Tel No	
Email	
May we contact before interview	Y <input type="checkbox"/> N <input type="checkbox"/>

FOR OFFICE USE ONLY

Date Received: _____

S/L
I
A

GENERAL EDUCATION

DATES	ESTABLISHMENT	QUALIFICATIONS

ANY RELEVANT TRAINING COURSES

DATE	COURSE	QUALIFICATION IF APPLICABLE

PROFESSIONAL QUALIFICATION/REGISTRATION

Qualifications	Dates	Ref No	Renewal

CURRENT/LAST EMPLOYMENT

Name of Current Employer	Dates	Job Title	Reason for Leaving

Current Salary	Notice Period	Description of Duties

PREVIOUS EMPLOYMENT

Name	Dates	Job Title	Reason for Leaving

Additional Information

The information you provide in this section will be used in assessing your application. Please use this space to your full potential to demonstrate how your skills, knowledge and experiences match the job description and personal specification.

Rehabilitation of Offenders Act 1974

Do you have any current or previous convictions Yes No

If yes please give details

ATTENDANCE AT WORK

How many days were you off work in the last 12 months

Please specify any serious accident / illness in the last 7 years.

We accept applications from individuals who have experienced previous problems with drink or drugs.

We require that you have achieved a period of abstinence of at least 2 years and have a permanent residence.

Signature		Date	
-----------	--	------	--