

POST APPLIED FOR:
CHIEF EXECUTIVE OFFICER

CLOSING DATE: 19 MARCH 2012

- Do not attach your CV as it will not be considered
- Complete in black ink or typescript for copying purposes

PERSONAL (In Block Capitals or Typescript, please)

Surname: _____ Other Names: _____

Address: _____
 (Include Post Code)

Daytime Telephone: _____ Evening Telephone: _____

Do you have a current, full driving licence?

EDUCATION/QUALIFICATIONS AND TRAINING		
Please include all relevant qualifications obtained and other training courses attended		
ESTABLISHMENT	DATE(s) OBTAINED/ATTENDED	QUALIFICATION(s)/TRAINING

PRESENT OR MOST RECENT OCCUPATION				
ORGANISATION	JOB TITLE	DATE COMMENCED	DATE LEFT (If applicable)	SALARY
Brief description of your role (and, if applicable, your main reason for leaving):				

PREVIOUS OCCUPATIONS (Please enter most recent first)				
ORGANISATION	JOB TITLE (Clarify if necessary)	FROM (Month/Year)	TO (Month/Year)	REASON FOR LEAVING

REHABILITATION OF OFFENDERS' ACT, 1974

Have you been convicted of a criminal offence (other than "spent" convictions under the 1974 Act)?

YES/NO

If "Yes", please give details. -----

EXPERIENCE AND SKILLS

Before completing this section please read the enclosed Job Description and Person Specification carefully. Use each requirement listed in the Person Specification as a heading and demonstrate how you meet the requirement by giving relevant details of your experience, skills and knowledge gained in employment, voluntary work or elsewhere. Also, say briefly why you are applying and why you feel you are suitable for this post.

REFERENCES (In Block Capitals or Typescript, please)

PLEASE GIVE THE NAMES OF TWO REFEREES WHO ARE ABLE TO COMMENT ON YOUR WORK ABILITY; ONE REFEREE AT LEAST SHOULD BE YOUR PRESENT OR MOST RECENT EMPLOYER, IF YOUR CIRCUMSTANCES PERMIT.

NAME:

NAME:

ADDRESS (Include Post Code)

ADDRESS (Include Post Code)

POSITION:

POSITION:

TEL NO:

TEL NO:

Your referees will be contacted only if you are short-listed for interview. If such an arrangement is unacceptable to you, please tick this box.

GENERAL

Please complete and return the enclosed Equal Opportunities Monitoring Form

If you were appointed, when would you be available to take up the post? -----

Where did you see the advertisement for this post? -----

I confirm that to the best of my knowledge the information given is correct and true and can be treated as part of any subsequent Contract of Employment.

Signed -----

Date -----

Please return this form, once completed, to the following address:

The Administrator
Relate Cymru
North Wales Office
8 Riviere's Avenue
Colwyn Bay
Conwy
LL29 7DP

Committed to Equal Opportunities