



**HALE**

Health Action Local Engagement  
*Healthy Living Project*

Application form for the post of:  
**.....Community Connector.....**

Name	
Address	
Daytime Phone	
Contact Phone	
Contact email	

Do you consider yourself disabled?	YES / NO
Do you have any special requirements?	YES / NO

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Please provide the names of two people whom we can contact for a reference - one of whom should be your present or most recent employer (if applicable).

Reference one	Reference two
Name	Name
Address	Address
Position	Position
Telephone	Telephone
Email	Email
Relationship	Relationship

This page will be removed before those responsible for short-listing and interviewing see your application.

**1. Training, education and learning**

Give details of any courses, qualifications or learning experiences you think are appropriate to this post

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**2. Present or most recent employment or work experience (paid or unpaid)**

Name of employer	
Address	
Title of post (and salary)	
Length of period of service	
Reason for leaving	
Brief description of duties and significant achievements.	

**3. Previous employment or work experiences (paid or unpaid) Please account for any gaps in your employment history. Please list in order, most recent first.**

Length of period of service (total in years and months NOT dates)	Job Title, Name and address of organisation	Brief description of duties	Reason for leaving

**Please continue on another page if necessary**

4. Please outline the skills and experience you would bring to this post in the order, and using the headings outlined, in the person specification. Please provide examples to support your experience. Continue on a separate sheet if you wish but use no more than 2 additional A4 sides .

5. Briefly outline your ideas about this post including how you would approach the work.

**6. Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975**

Have you at any time received or had pending a criminal conviction, caution, warning, reprimand or bind-over?

Yes / No

If yes, please give details:

**7. Declarations:**

I declare that the information provided on this form, and on any accompanying documents, is accurate and complete. I understand that false information may lead to the termination of employment or withdrawal of a job offer.

Signed:.....

Date:.....

Please return this form by post to:

Sonjia Peers  
HALE Project  
1 Westgate  
Shipley  
BD18 3QX

Or email to: [sonjia.peers@haleproject.org.uk](mailto:sonjia.peers@haleproject.org.uk)