

**CONFIDENTIAL**

Please type in the information or complete this form in black pen.

|                             |
|-----------------------------|
| Position being applied for: |
|-----------------------------|

**1. PERSONAL DETAILS** (Please complete in BLOCK LETTERS)

|                                     |                 |
|-------------------------------------|-----------------|
| Surname:                            | Forenames(s)    |
| Preferred title: Mrs/Miss/Ms other: |                 |
| Permanent Address:                  |                 |
| Tel no. (home):                     | Tel no. (work): |
| Mobile:                             | Email:          |

|  |                |
|--|----------------|
| Nationality:   | Date of birth: |
| Immediately prior to this application, for how long have you been continuously resident in the Island? |                |

**2. EDUCATIONAL / OCCUPATIONAL / PROFESSIONAL QUALIFICATIONS**

| Qualification | Year obtained | Subject | Standard attained |
|---------------|---------------|---------|-------------------|
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**3. TRAINING AND EXPERIENCE**

(Please write about your experience and skills and what contributions you could make to our service.)

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**4. GENERAL HEALTH** (please include number of days sickness during the last 12 months)

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**5. EMPLOYMENT HISTORY**

(Starting with present or most recent post, list in reverse order positions held)

| Present or most recent employment |           |                    |                           |
|-----------------------------------|-----------|--------------------|---------------------------|
| Start date:                       | End date: | Title of position: | No. of hrs worked weekly: |
| Name and address of employer:     |           |                    |                           |
| Nature of business:               |           |                    |                           |
| Description of your duties:       |           |                    |                           |
| Reason for leaving:               |           |                    |                           |

| Previous employment           |           |                    |                           |
|-------------------------------|-----------|--------------------|---------------------------|
| Start date:                   | End date: | Title of position: | No. of hrs worked weekly: |
| Name and address of employer: |           |                    |                           |
| Nature of business:           |           |                    |                           |
| Description of your duties:   |           |                    |                           |
| Reason for leaving:           |           |                    |                           |

|                               |           |                    |                           |
|-------------------------------|-----------|--------------------|---------------------------|
| Previous employment           |           |                    |                           |
| Start date:                   | End date: | Title of position: | No. of hrs worked weekly: |
| Name and address of employer: |           |                    |                           |
| Nature of business:           |           |                    |                           |
| Description of your duties:   |           |                    |                           |
| Reason for leaving:           |           |                    |                           |

**6. CRIMINAL CONVICTIONS** (Please give details of any criminal conviction)

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**7. REFERENCES**

(\*Delete as appropriate)

| Reference 1<br>(*Employer / Character Reference)                             | Reference 2<br>(*Employer / Character Reference) |
|--|--|
| Name:  | Name:  |
| Address:   | Address:   |
| Tel no.  | Tel no.  |
| * I do / do not wish my present employer to be contacted prior to interview. |  |

**DECLARATION**

I hereby declare that the details shown are correct and complete to the best of my knowledge.  
I understand that enquiries may be made to verify these details. I also understand that any false statements or the withholding of information may provide grounds for rejection of my application at any stage of the appointment.

|                       |       |
|-----------------------|-------|
| Applicants signature: | Date: |
|-----------------------|-------|

Please return your completed application form BY POST or E-mail to:

F.A.O. Marine Oliveira, Manager, Jersey Women's Refuge  
PO Box 708, St Helier, Jersey JE4 0PW

By the 18<sup>th</sup> August 2017  
Interviews held on 24<sup>th</sup> August 2017