**Application Form**

**Corporate Partnerships Officer**

Please complete this Application Form and the Equal Opportunities Monitoring Form [[from this link](http://www.allysondavies-consultant.com/wp-content/uploads/2015/06/Equal_Opportunities_Monitoring_Form.doc)], and attach a CV outlining your career to date, including any academic and professional qualifications.

|  |  |
| --- | --- |
| Full name |  |
| Address |  |
| Mobile phone |  |
| Home phone |  |
| Email |  |
| How did you hear of this post? |  |
| Are you eligible to work in the UK? |  |

Please give details of two professional referees: your current or most recent, and a previous employer:

|  |  |  |
| --- | --- | --- |
| **Details required** | **Referee One** | **Referee Two** |
| Name |  |  |
| Professional relationship to you |  |  |
| Telephone |  |  |
| Email |  |  |
| Ok to approach? |  |  |

Please give details of your current income and benefits details:

|  |  |
| --- | --- |
| Basic Annual Salary |  |
| Annual leave entitlement |  |
| Employer’s pension contribution |  |
| Employee’s pension contribution |  |
| Any other benefits |  |
| Notice required |  |

**On no more than two pages, please state:**

1. Why you would like to be Corporate Partnerships Officer at ACF?
2. Please outline the experience and skills you can bring to this role in relation to the job description and person specification.

**Declaration**

I declare that the information that I have provided on this form is true and accurate, and in particular that I have not omitted any fact which may have a bearing on my application. I understand that any subsequent contract of employment with the ACF will be made on the basis of the information I have provided. I understand that a false declaration, which results in my appointment to ACF, will render me liable to dismissal without notice. I also understand that submitting this form electronically is equivalent to a signed declaration.

**Signature:** [type your name]

**Date:**