



**Community Advice Link-Milton Keynes**  
**CHARITY NUMBER 1110547**  
**65C Pencarrow Place Fishermead**  
**Milton Keynes, MK6 2JA.**  
**Tel: 01908397866 Fax: 01908 397866 Mobile 07980307450**  
**[www.advicelink.org](http://www.advicelink.org)**  
**E mail [info@advicelink.org](mailto:info@advicelink.org)**

### Application Form

Application for post of: \_\_\_\_\_

#### Personal Details

Surname: _____	Forenames: _____
Title: (Miss/Mrs/Mr/Ms/Dr etc.) _____	Date of Birth: _____
Address: _____	
_____ Postcode: _____	
Telephone (home): _____	Mobile/Work: _____ (May we use this number? YES / NO)
Nationality: _____	Do you require a work permit? YES / NO
How did you learn of this vacancy? _____	

#### Employment record: Most recent first.

Dates	Employer	Post held	Main duties

**Education and Training:** Please give details of qualifications and courses, whether or not completed, which are relevant to the job

Date	Qualification/Course	Grades	Place of study/training

**Relevant Skills and Experience.** Description of duties, responsibilities and skills gained in your current/most recent employment, training, unpaid experience or activities that you feel are relevant to the post. For example, voluntary work, work in the household, involvement with community groups, adult education courses etc.

**Information in Support of your Application.** Please use this space to give any further information concerning why you are suitable for this post. Continue on a separate sheet if necessary.

**References:** Applicants are required to provide details of two referees. If possible they should be your present or last employers. Relatives and personal friends may not be given

Name		
How do they know you?		
Address		
Tel no.		

I confirm that the details given in this application form are accurate to the best of my knowledge and belief

Signed: \_\_\_\_\_

Date: \_\_\_\_\_