

Marygate House

Marygate

Holy Island

Northumberland

TD15 2SD

01289 389246

marygate.house@gmail.com

[www.marygatehouse.org.uk](http://www.marygatehouse.org.uk)

**APPLICATION FORM FOR Retreat House Assistant**

Please complete this form in black ink, sign and return this form to the Warden at the above address.

**Personal Details**

|  |  |
| --- | --- |
| Surname |  |
| First or Given Names |  |
| Date of Birth |  |
| UK National Insurance Number |  |

|  |  |
| --- | --- |
| Postal Address |  |
| Post Code |  |
| Telephone Number landline |  |
| Telephone Number mobile |  |
| email |  |

**Do you have any of the following?**

|  |  |
| --- | --- |
| Current Food Hygiene Certificate\* | Yes/No (delete as applicable) |
| Full UK Driver’s License\* | Yes/No (delete as applicable) |
| Full UK or EU citizen with or permanent rite to remain in UK\* | Yes/No (delete as applicable) |

\* You will need to show us original documents in respect of this during selection

You will be working with vulnerable adults and children.

**Do you agree to undertake a full enhanced DBS disclosure?** Yes/No (delete as applicable)

**Work History**

(Last ten years, starting with most recent)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **From** | **To** | **Job Title** | **Name of Employer** | **Tasks involved** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  | (use a continuation sheet if necessary) |

**Tell us about you**

|  |
| --- |
| What skills & experience can you bring to Marygate? (use a continuation sheet if necessary) |
| Tell us about any health issues which might affect your work. |
| Do you smoke? Yes/No (delete as applicable) |
| Where did you hear about this post? |

**References**

Please give us the name of two referees, one being your current, or most recent employer.

|  |  |
| --- | --- |
| Name | Current, or most recent employer |
| Postal Address |  |
| Post Code |  |
| Telephone Number **landline** |  |
| email |  |

|  |  |
| --- | --- |
| Name |   |
| Postal Address |  |
| Post Code |  |
| Telephone Number **landline** |  |
| email |  |

**Next of Kin (for medical emergencies only)**

|  |  |
| --- | --- |
| Name |  |
| Postal Address |  |
| Post Code |  |
| Telephone |  |
| email |  |

|  |
| --- |
| Signature |
| Date |  |

**Note** Providing false information, or failing to disclose information which might affect the decision making process will result in exclusion from the selection process, and automatic termination of any employment or contract. If the DBS disclosure is not returned clear the Trust reserves the right on immediate termination of any employment or contract. In either case you will need to vacate any accommodation with immediate effect.

**Please complete this form in black ink, sign and return this form to the Warden at the above address.**