Versus Arthritis

Application Form

* Please answer all sections given below as part of your full application.
* Please submit this form with an up-to-date and concise CV to **recruitment@versusarthritis.org**.
* Please ensure that your CV and application form are saved in either a Word or PDF format and are submitted as attached files to your application email.

Personal Information

**Full name:** Overtype your name here.

**Email address:** Overtype your email address here.

**Contact telephone number:** Overtype your contact number here.

**This role is based in the UK so will require you to have the right to work in the UK. Please type 'yes' at the end of this sentence to confirm you have the right to work in the UK.**  Overtype your response here

**Do you wish to disclose a disability?** Yes / No

(We are a Disability Confident Employer)

**Please tell us about any reasonable adjustments we can make for an accessible interview if your application is shortlisted.**

Overtype your accessibility requirements here.

**For posts based in Wales, please state if you can understand, speak, read or write Welsh.**

Overtype here with details of your skills in the Welsh language.

Vacancy Information

**Which vacancy are you applying for?**

Overtype here with the full job title and UK region (if applicable).

**Where did you see our vacancy advertised initially?**

Versus Arthritis website / LinkedIn / Indeed / CharityJob UK / Guardian Jobs / Glassdoor / Other – please specify

Supporting Statement

Please tell us, in no more than 900 words, how you meet the key requirements set out in the Job Description and Person Specification. Explain how your skills and experience can be applied to this role.

Begin your statement here by overtyping text.

Declaration

I declare that the information given in this document is true to the best of my knowledge and belief, and I give my permission to contact employment references should I be offered the role.  I understand my application may be rejected and/or I may be dismissed following appointment if I have given any false or misleading information or have withheld any relevant details.

Please type your and name the date below to complete your declaration.

**Signature**

**Date**

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