

# Application Form



## Personal Details

|   |            |  |
|---|------------|--|
| Role Applied for:   |            | <b>GENERAL ASSISTANT</b>                                 |
| Initials:   | Telephone: |  |
| Nationality:  | Email:     |  |
| Do you need a work permit for permanent employment in the UK? |            | YES <input type="checkbox"/> NO <input type="checkbox"/> |

## Education

Please list current qualifications from age of 11 onwards. **List most recent first** and give all results known whatever the outcome.

| <b>From</b><br>MMYYYY | <b>To</b><br>MMYYYY | <b>School/College/<br/>University</b> | <b>Qualification / Results</b> |
|-----------------------|---------------------|---------------------------------------|--------------------------------|
|                       |                     |                                       |                                |

## Employment and Work Experience

Please describe briefly any work (whether paid or unpaid) which you have undertaken. Explain any gaps

| <b>From</b><br>MMYYYY | <b>To</b><br>MMYYYY | <b>Name of<br/>Employer</b> | <b>Address</b> | <b>Job Title and<br/>Responsibilities</b> | <b>Reason for Leaving</b> |
|-----------------------|---------------------|-----------------------------|----------------|---|---------------------------|
|                       |                     |                             |                |   |                           |

**Additional information**

You should demonstrate in this section how you meet the person specification requirements of the post and any additional information, not covered elsewhere, which will strengthen your application.

Where did you hear of us or see the advertisement for this job?

**Health Declaration**

Please give details of any health matters of relevance to the work applied for.

## References

| Referee (Your last or most recent employer) |  | Other Referee |  |
|---|--|---------------|--|
| Name:                                       |  | Name:         |  |
| Position:                                   |  | Position:     |  |
| Address:                                    |  | Address:      |  |
| Telephone:                                  |  | Telephone:    |  |

### REHABILITATION OF OFFENDERS ACT 1974 (exemptions) ORDER 1975

Have you had any criminal convictions?

Yes

No

If yes, what was the charge and when did it take place?

Do you have any criminal hearings pending?

Yes

No

If yes, please state

In the event of employment, any failure to disclose such convictions could result in dismissal on disciplinary action. Any information given will be completely confidential. If you are successful in getting a role you may be subject to a full Criminal Records Bureau (CRB) Check. The cost of which will be covered by the organisation. By submitting this application you are agreeing to these terms.

### Declaration

*The statements made on this form are true. I understand any false statements may jeopardise my application and may lead to an offer being withdrawn. I have attached the Equal Opportunities Monitoring Data.*

| Name (please print): | Signed: | Today's Date: |
|----------------------|---------|---------------|
|                      |         |               |



## Equal Opportunities Monitoring Data

The following monitoring information is used to ensure that recruitment procedures do not lead to discrimination and that legal and other requirements are met. It is separated from your completed form, so you cannot be identified and will play no part in the selection process.

Please put this form in a sealed envelope marked "Equal Opportunities Data" and attach this to your completed form.

Surname: \_\_\_\_\_ All first names: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Date today ?

|   |   |   |   |   |   |   |   |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|
| D | D | M | M | Y | Y | Y | Y |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|

Male/Female ?

|   |  |   |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|
| M |  | F |  |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|--|

Date of Birth

|   |   |   |   |   |   |   |   |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|
| D | D | M | M | Y | Y | Y | Y |  |  |  |
|---|---|---|---|---|---|---|---|--|--|--|

### Ethnic Origin

Which of the following best describes your ethnic origin ? Please tick one. The categories used are those recommended by The Commission for Racial Equality.

- |   |   |
|---|---|
| <input type="checkbox"/> Arabic                         | <input type="checkbox"/> Indian                 |
| <input type="checkbox"/> Black African                  | <input type="checkbox"/> Bangladeshi            |
| <input type="checkbox"/> Black Caribbean                | <input type="checkbox"/> Pakistani              |
| <input type="checkbox"/> Black - other (please specify) | <input type="checkbox"/> White                  |
| <input type="checkbox"/> Chinese                        | <input type="checkbox"/> Irish                  |
|   | <input type="checkbox"/> Other (please specify) |

### Disability Status

Do you have a disability? (The Disability Discrimination Act 1995 defines disability as 'a physical or mental impairment which has a substantial and long-term adverse effect on ability to carry out normal day-to-day activities?') YES  NO

If yes, please specify: \_\_\_\_\_