

APPLICATION FORM

Thank you for your interest. The following information is necessary to ensure that full consideration can be given to all candidates. The information will be treated as confidential.

Please complete the application form in black ink or type

Position Applying for :

**Passport Sized
Photograph
Upload**

PERSONAL DETAILS							
Title (tick):	Mr.		Mrs	Ms	Other Specify		
First Names							
Surname							
Other Name(s)							
If you were ever known by a different name, please specify:							
Marital status				Country of Origin/ Nationality			
Date of Birth							
Place of Birth							
CONTACT DETAILS							
Present Address				Previous Address* <small>Complete this section only in case you have not resided in your present address for the last five years</small>			
Telephone Contacts							
Day Time				Evening			
Mobile				E-mail address			
Do you require a work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes when does your permit expire?							
National Insurance No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							

REFEREES			
Please give the names and the address of two people (preferably resident in the UK). One should be your present employer. If you are not presently employed, name your most recent employer			
Name of First Referee		Name of Second Referee	
Relationship to you		Relationship to you	
Contact Details		Contact Details	
Address		Address	
	Post Code		Post Code
Tel#	Email	Tel#	Email

Employment History; (Continue on a Separate Sheet, if necessary)

Title / Position		Brief Description of Position & Duties	
From			
To			
Name and Address of Employer			
		Reason for leaving	
			Salary

Title / Position		Brief Description of Position & Duties	
From			
To			
Name and Address of Employer			
		Reason for leaving	
			Salary



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To					
Name and Address of Employer					
				Reason for leaving	
					Salary

EDUCATION & QUALIFICATIONS

Please give details of your education and qualifications. This may include qualifications, which you are studying for now. You will be required to provide proof.

School, College or Institution (state if part-time)	Name of Course	Date course started /completed / professional bodies joined	Qualifications and/grades achieved

Please give any details of any training you have had which is relevant to this job. Include any on the job training as well as formal training courses.

Title of Training Programme/Course with brief description	Date (approx.) started/completed

ADDITIONAL INFORMATION

Please give further details of any other experience/achievements, which you consider particularly relevant to this appointment and why the position interests you

EQUAL OPPORTUNITIES

It is the policy of the company to appoint the best candidate for any post irrespective of ethnicity, disability, age, religion or sex.

Do you have a disability? Yes No

Ethnic Origin Please tick as appropriate.

White European White Other Black European Black African Indian
 Black Caribbean Pakistan Bangladeshi Chinese Arab
 Other (please specify) _____

FURTHER INFORMATION

The Rehabilitation of Offenders Act

The Rehabilitation of Offenders Act allows for a person who has been convicted of a criminal offence involving a sentence of not more than 2.5 years imprisonment and who has since lived trouble free for a specified period (related to the severity of the offence) to be treated as if the offence, conviction, or sentence had never occurred. This is known as a spent conviction.

The job for which you are applying is one of those to which the provisions of the above Act in relation to spent convictions, does not apply. You must, therefore, disclose whether you have any previous convictions, whether they are spent. Should you disclose a criminal conviction, this will be discussed, in confidence, at interview. However, you should note that only convictions that are relevant to the job in question will be considered.

Do you have any criminal convictions (whether spent or unspent), cautions, reprimands, final warnings or prosecutions pending? **YES** **OR NO** (Please mark as appropriate)

If yes, please state: _____

Have you ever been convicted of a criminal offence? Yes No

If yes, please give details (offence, judgement and date You are advised to refer to the Rehabilitation of Offenders Act 1974 as amended)

MEDICAL FORM			
<i>Please complete the following questions by ticking the appropriate boxes. If the answer is YES give details in the relevant column, including date, time off work, and whether you require or are awaiting treatment. This relates to now and your childhood.</i>			
NAME		DATE	
COVID-19			
	YES	NO	DETAILS
Do you have a confirmed diagnosis of COVID-19?			
Are you waiting for a COVID-19 test or test results?			
Have you had a Covid-19 test			Date:
Was this test Positive?			Date:
Have you received the Covid Vaccination			
If YES, please give the date of Vaccination(s)			
Have you travelled internationally in the last 14 days?			
Have you had contact with someone with a confirmed diagnosis of COVID-19, or been in isolation with a suspected case in the last 14 days?			
Do you have any of the following symptoms?			
<ul style="list-style-type: none"> • A high temperature – this means you feel hot to touch on your chest or back [you do not need to measure your temperature] 			
<ul style="list-style-type: none"> • A new, continuous cough -this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours [if you usually have a cough, it may be worse 			
<ul style="list-style-type: none"> • A loss or change to your sense of smell or taste? -this means you have noticed you cannot smell or taste anything or things smell or taste different to normal 			
•			
•			
•			
Any Industrial Illness/Injury			
Recurrent headaches/migraine			
Blackouts/epilepsy/neurological problems			
Tuberculosis			
Any allergic condition			
Bronchitis/asthma/shortness of breath/persistent cough			
Heart or circulatory condition e.g. angina/raised blood pressure any other.			
Rupture/hernia			
Digestive condition			
Liver disease/hepatitis			
Kidney/bladder disease			
Diabetes			



Dermatitis/eczema/other skin disorder			
Debility/fatigue/stress/psychological or psychiatric problems			
Alcohol/drug problem			
Rheumatism/arthritis/joint condition			
Back/neck condition			
Serious injury or medical condition affecting the activities of daily living			
Any difficulties understanding writing or speech			
Eye condition (including injuries or defects of vision) including problems using Display Screen equipment. Do NOT include defects that have been corrected by normal glasses.			
Have you any hearing loss or other conditions of the ears nose or throat?			
Have you ever had an operation?			
Are you at present having any investigations or treatment or medication from your GP/Hospital?			
Have you ever left or denied employment for health related reasons, been retired on the grounds of ill health/been in receipt of disability payments?			
Do you have or have you had, any disorder, physical or mental, not already mentioned above?			
<i>Please continue a separate sheet if necessary</i>			

I declare that the information given in this application is, to the best of my knowledge, complete, and correct and gives a fair representation of my qualification/employment history.	
Signed	Date
Print	