

(NAME OF ORGANISATION)

(Name of Organisation) is committed to Equal Opportunities. We will treat all applications on their merits.

Only applicants who complete this application form can be considered for the post.
Please note that Curriculum Vitaes (CVs) will not be accepted.

(Please write clearly in black as forms will be photocopied.)

POST APPLIED FOR:

PERSONAL DETAILS

Name:

Address:

Telephone:
(Day)

(Evening)

Email:

DETAILS OF YOUR PRESENT/MOST RECENT POST
(Including Voluntary Work)

<i>Title of Post and Employer</i>	<i>Main Responsibilities</i>	<i>Dates</i>	<i>Reason for Leaving</i>

PREVIOUS WORK EXPERIENCE (Paid or Unpaid)

<i>Title of Post and Employer</i>	<i>Main Responsibilities</i>	<i>Dates</i>	<i>Reason for Leaving</i>

Notice required in current post:

OTHER RELEVANT EXPERIENCE

EDUCATION AND QUALIFICATIONS
(Including relevant training courses)

<i>Dates</i>	<i>School/College</i>	<i>Qualifications Obtained</i>

Date of birth	NI 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"/>
<p>Current driving licence? Yes/No</p> <p>Groups: Expiry Date:</p>	Details of endorsements
<p>Are there any restrictions on you taking up employment in the UK? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes, please provide details)</p>	

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.

LEISURE

Please note here your leisure interests, sports and hobbies, other pastimes etc.

DECLARATION (Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.

2. I agree that the organisation reserves the right to require me to undergo a medical examination. (Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.

3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.

Signed: Date:

WHERE DID YOU SEE THIS POST ADVERTISED?

**PLEASE COMPLETE AND RETURN THIS FORM BY 5.00 pm, -(DATE) TO
NAME AND ADDRESS OF ORGANISATION**