

Reference
Number:

Application Form



*Please complete in own handwriting in BLACK INK - or type if preferred.

This sheet will be separated from the accompanying application form immediately on receipt and before any consideration of candidates occurs.

Position applied for: _____

Location: _____

Where did you hear about this vacancy? _____

Personal Details

GENERAL

Surname: _____ Title (Dr, Mr, Mrs, Miss etc): _____

Forename(s): _____

Address: _____

Postcode: _____

Telephone No: Home: _____ Mobile: _____

E-mail Address: _____

National Insurance No: _____

Are you eligible to work in the UK? Yes No

If you have a work permit please give details.

If you are successful in your application and as a result are invited to an interview, please specify any special arrangements that would be required, e.g. wheelchair access.

EQUAL OPPORTUNITIES

The following information will be completely confidential and used for monitoring purposes only.

Please be assured that this information is not required as part of the selection process and will not be made available to those persons assessing candidates and making appointments.

Ethnicity: (please tick only one)

Asian or Asian British - Bangladeshi	<input type="radio"/>	Mixed - White and Asian	<input type="radio"/>
Asian or Asian British - Indian	<input type="radio"/>	Mixed - White and Black Caribbean	<input type="radio"/>
Asian or Asian British - Pakistani	<input type="radio"/>	Mixed - any other background	<input type="radio"/>
Asian or Asian British - any other background	<input type="radio"/>	White - British	<input type="radio"/>
Black or Black British - African	<input type="radio"/>	White - Irish	<input type="radio"/>
Black or Black British - Caribbean	<input type="radio"/>	White - Black African	<input type="radio"/>
Black or Black British - any other background	<input type="radio"/>	White - any other background	<input type="radio"/>
Chinese	<input type="radio"/>	Any other	<input type="radio"/>

DISABILITY

We undertake to interview disabled people who meet the essential criteria detailed on the person specification. For these purposes, disability is defined as any physical or mental impairment which has a substantial and long term (over 12 months) adverse effect on your ability to carry out day to day activities.

Do you consider yourself to be disabled? Yes No

If you are disabled, please tell us if you would need any particular arrangements to be made to enable you to undertake your duties. Please give brief details of how we may help if you were appointed.

What sex are you? Male Female

ADVERTISING

To help us monitor the effectiveness of our advertising, please tell us how you first found out about this vacancy:-

- (a) Newspaper advertisement (name of newspaper) _____
- (b) Internet advertisement (name of website) _____
- (c) Other means (please specify) _____

Thank you for your co-operation

Position applied for: _____ Application No. (HR Use Only) _____

Education & Training

EDUCATION HISTORY

Please give details of qualifications attained or expected

Qualification	Grade or Type	Date Attained

TRAINING COURSES

Please give details of courses attended

Date	Course

Employment History

PRESENT (OR MOST RECENT EMPLOYMENT)

Employer's Name: _____

Employer's Address: _____

Post Held: _____

Nature of Business: _____ Date Employed: From _____ To _____

Reason for Leaving: _____

Salary/Other Benefits: _____ Period of Notice: _____

Main Duties and Responsibilities:

When would you be able to commence employment: _____

PREVIOUS EMPLOYMENT (MOST RECENT FIRST)

If you have no employment history, please give details of any work experience attachments, weekend and/or vacation work.

Previous Employer's Name and Address	Date Employed From - To	Job Title and Brief Description of Duties	Reason for Leaving	Salary

Health

Please give us details of the number of work days you have been absent due to illness/sickness in the last 2 years, stating the reasons.
(If space is inadequate, please use separate sheet).

No. of days:

Please give details of any serious illness/accidents you have had within the last 5 years.
(If space is inadequate, please continue on a separate sheet).

Brief Details

Declaration

Please check all the information you have provided on this Application Form and read the statement below before signing. All statements on this form must have been completed and be strictly accurate.

1. I understand that completion of this form does not constitute an offer of employment.
2. I understand that an offer of employment made by the Company will be subject to references and medical examination being satisfactory to the Company
3. I understand that if employed, the provision of false information may result in the termination of employment.

Applicant's Signature: _____ Date: _____

References

Please give the names, addresses and occupation of two referees who can comment upon your experience and qualifications for this appointment. One of these should be your present or most recent employer.

Name: _____ Name: _____

Relationship: _____ Relationship: _____

How long have you known this person? _____ How long have you known this person? _____

Address: _____ Address: _____

_____ Postcode: _____ Postcode: _____

Daytime Telephone No: _____ Daytime Telephone No: _____

Your current employer will only be contacted with your permission when a job offer has been made to you.

PLEASE RETURN THIS FORM TO:

The Human Resources Department.

Walsall - Green lane, Walsall WS2 7PD.

Exeter - Fernworthy House, Rydon Lane, Exeter, EX2 7HR.

Belfast - Capital house, Upper Queen St. Belfast, B71 6FB.