Post Applied for:		
COM Learning	earning Job Applica	tion Form
Closing Date:	Interview Date:	
•	dance notesbefore completing this a inkortype. Applications received aft	
THE INFORMATION YOU	SUPPLY ON THIS FORM WILL BE TREAT	TED IN CONFIDENCE.
Section 1 Personal	details	
Last Name:	First Name:	
Address:		
Postcode:		Letters Numbers Letter
Home Telephone Nº:	Na tio na l Insura nc e №:	
Daytime Telephone Nº:		
Mobile Telephone №:		
E-mail address:		
Can we contact you at work?	Yes No	
Are you free to remain and take up the UK with no current immigration r	YASIIINO	
<u>Driving Licence</u> - if relevant to post and Do you hold a full, clean driving lice		No

If you are successful you will be required to provide relevant evidence of the above details prior to your appointment.

Section 2 Present Employment

Pre sent Employment (If now unemployed give details of last employer)

Name of Employe	r		
Addre ss:			
Postcode:			
Post Title:			
Date of Appointm	ent:	Sa la ry:	
Department/Sec	tion:		
Briefdescription o	f duties:		
Continue on	a separate sheet if neces	esa ny	
Period of Notice:		Last day of service	
		(if no longeremployed):	
Reason for leaving	3		
(if no longer employed):			
r - V/-			

Section 3 Previous Employment

Pre vious Employment (most recentemployer first).

Name of Employe	er
Address:	
Po sition Held:	
Summary of dutie	s:
Reason for leavin	g:
Name of Employe	er.
Address:	
Po sition Held:	
Summary of dutie	s:
Reason for leavin	g:
Name of Employe	er.
Address:	
Po sition Held:	
Summary of dutie	s:
Reason for leavin	g:
Continue on a seg	o a ra te sheet if necessary

Section 4	Education
OCCUIUI 4	

Qualific ations obtained from Schools, Colleges and Universities. Please list highest qualific ation first:

College or University	Course	Qualifications and grades obtained
School	Subje c ts	Qualifications and grades obtained
	·	
Continue on a separate	sheet if necessary	

Professional, Technical or Management Qualifications

Ple a se give de tails:

Pro fe ssio na l/ Te c hnic a l/ Management Qualific a tions	Course Details		
Membership of any Professional/Technical Associations-Please state level of Membership:			

Continue on a separate sheet if necessary

Training and Development Section 5

Ple a se give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Programme or Course	Dura tion of Course

Continue on a separate sheet if necessary

Abilities, skills, knowledge and experience. Please use this section to explain in detail how you meet the requirements of the job description. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.						

Personal Statement

Section 6

Section 7 Rehabilitation of Offenders Act (1974)				
Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?				
If yes, please give details / dates of offence(s) and sentence:				
Section 8 Protecting Children and Vulnerable Adults				
The following information may be required if the post you are applying for has a requirement for a Criminal Records Bureau police check. The successful candidate may be required to apply for a disclosure at the Standard or Enhanced level from the Criminal Records Bureau.				
Enhanced Checks Only Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? Yes No				
Section 9 Disability Discrimination Act				
This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disable diperson as someone who has a physical ormental impairment which has a substantial and adverse long term effect on his orherability to carry out normal day to day activities.				
Do you have a disability which is relevant to your application? Yes No				
If yes, please give details:				
We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.				
Do we need to make any specific anangements in order for you to attend the interview?				
If yes, please give details:				

Number of days sickness absence in the last 2 years: Please state number of occasions in the last 2 years:					
Section 11	References				
Secolori II	neierences				
	names and addresses of your two mais, please clearly outline who your	_	yers (if applicable). If you are		
	Reference 1		Reference 2		
Name:		Name:			
Position (job title):		Position (job title):			
Work Re la tionship:		Work Re la tionship:			
Organisation:		Org a nisa tion:			
Address:		Address:			
	Po stc o d e		Po stc o d e		
Te le phone №:		Telephone №:			
E-mail:		Email:			
Are you willing for this referree to be approached prior to the interview? Are you willing for this referree to be approached prior to the interview? Yes No Yes No Ves					

Section 10 Health

Section 11 Declaration

A. Re la tive s/O the r Interests

Are you related to ordo you have a c leamers currently on programme with	1	Yes	No	
If ye s, spec ify name(s), position(s) and relationship(s)				

B. Statement to be Signed by the Applicant

I here by certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- I possess all the qualifications which I claim to hold
- I have read and, if appointed, am prepared to accept the conditions set out in the conditions of employment and the job description.

Sig ne d :	Da te :	

(NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately applicants who do not hear from CQM Learning must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form please enclose a stamped addressed post card.)

CQM learning undertakes that it will treat any personal information (that is data from which you can be identified, such as yourname, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.

If you are returning this form by email, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:

Human Resources CQM Learning Itd 3 Westbrook Court Sharrow Vale Road Sheffield S118YZ

By E-Mail:

rebecca.johns@cqmleaming.co.uk

Enquiries:

Te le phone: 0114 281 5787

Fax: 0114 281 5785

www.cqmleaming.co.uk

Section 12 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Human Resources purely form onitoring purposes.

Application for the post of:						
	pusensure that our Equal Opportuniti n) please COMPLETE THIS SECTION OF			lly and fairly implemented (and forno other NON FORM.		
What	is your Ethnic Group?					
Choos	se ONE se c tion from A to E, then tick th	ie appn	o p ria t	te box to indicate your cultural background.		
A. White			D.	Black or Black British		
	White UK			Black Caribbean		
	Irish			Bla c k Afric a n		
	White non-UK			Any other Black background (please give details):		
	Any other White background (please give details):					
В.	Mixe d	J	E	Chinese or other ethnic group		
	White & BlackCaribbean			Chine se		
	White & Black African			Vie tna me se		
	White & Asia n			Any otherethnic background (please give details):		
	Any other Mixed background (please give details):					
С.	Asian or Asian British		F.	I do not wish to provide this info.		
	Ind ia n					
	Pa kista ni					
	Bang la de shi					
	Any other Asian background (please give details):					

Section 12 Recruitment Monitoring Form continued					
Gender					
Ma le Fe ma le					
Disa b ility					
Disability is defined as "physicalormental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".					
Do you consider yourse If disable d? Yes No					
If yes, please give details:					
Pre se nt Sta tus					
Inte ma l App lic ant Exte ma l App lic ant					
Age Group					
16-25 26-35 36-45					
46-55					
Over 70					
Me dia					
Ple a se state where you saw this post advertised					
For Office Use Only:					
Start Date:					