

Post Applied for:

Post Ref:

Please indicate which of the vacancies you are applying for:

1. Part-time - Control Centre, Willow Vale 2. Full-time – Ashwood Customer Contact Centre

Application for Employment

Closing Date:

Candidate Ref:

Please complete this form fully using black ink or type. C.V's are not accepted. Applications received after the closing date will not normally be considered.

The information you supply on this form will be treated in confidence

Personal Details

Last Name:

First Name:

Address:

Postcode:

Home Telephone N^o:

National Insurance N^o:

Work Telephone N^o:

Mobile Telephone N^o:

E-mail address:

Can we contact you at work? Yes No

Are you free to remain and take up employment in the UK with no current immigration restrictions? Yes No

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

Do we need to make any specific arrangements in order for you to attend the interview? Yes No

If Yes, please give details

Rehabilitation of Offenders Act (1974)

Do you have any convictions that are unspent under the rehabilitation of offender's act 1974? Yes No

If yes, please give details / dates of offence(s) and sentence:

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.

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

Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

Number of days sickness absence in the last 2 years:

Please state number of occasions in the last 2 years:

Were any of these absences related to a disability? Yes No

If yes, please give details :

Equal Opportunities Monitoring Form

We are an equal opportunities employer and want to ensure that all applicants are considered solely on their merits. Therefore, we need to be able to check that decisions are not influenced by unfair or unlawful discrimination. To help us do this we would be grateful if you could complete this short questionnaire. Your answers will be treated with the utmost confidence and will be used only for statistical purposes.

What is your ethnic group?			What is your religion?	
a) White	English	<input type="checkbox"/>	Christianity	<input type="checkbox"/>
	Irish	<input type="checkbox"/>	Buddhism	<input type="checkbox"/>
	Scottish	<input type="checkbox"/>	Hinduism	<input type="checkbox"/>
	Welsh	<input type="checkbox"/>	Judaism	<input type="checkbox"/>
b) Mixed	White & Black Caribbean	<input type="checkbox"/>	Islam	<input type="checkbox"/>
	White & Black African	<input type="checkbox"/>	Sikhism	<input type="checkbox"/>
	White & Asian	<input type="checkbox"/>	No religion	<input type="checkbox"/>
	Any other mixed background – Please state <input type="checkbox"/>		Other – Please state	
c) Asian or Asian British	Indian	<input type="checkbox"/>	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
	Pakistani	<input type="checkbox"/>		
	Bangladeshi	<input type="checkbox"/>	Age: Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Age in Years <input type="text"/>	
	Any other Asian background – Please state <input type="checkbox"/>			
d) Black or Black British	Caribbean	<input type="checkbox"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Age in Years <input type="text"/>	
	African	<input type="checkbox"/>		
	Any other Black background – Please state <input type="checkbox"/>			
e) Chinese or Other ethnic group	Chinese	<input type="checkbox"/>	Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/> Age in Years <input type="text"/>	
	Any other – Please state			

Do you identify as transgender?

For the purpose of this question 'transgender' is defined as an individual who lives, or wants to live, in the gender opposite to that they were assigned at birth.

Yes No Prefer not to say

Marital Status:

Single	Divorced	Widowed	Married	Dissolved Civil Partnership	In a Civil Partnership
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Sexual Orientation:

Hetrosexual	Gay woman	Prefer not to say	Gay man	Bisexual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disability

The Disability Discrimination Act defines a disability as a 'physical or mental impairment which has a substantial and long-term effect on the person's ability to carry out normal day to day activities

Do you consider yourself to meet this definition? Yes No

Where did you see this vacancy? :

Present Employment

If now unemployed give details of last employer

Name of Employer:

Address:

Postcode:

Post Title:

Date of Appointment:

Salary:

Department / Section:

Main Duties / Responsibilities

Period of Notice:

Last day of service

(if no longer employed):

Reason for leaving

(if no longer employed):

Previous Employment

Most recent employer first. Please cover the last 10 years and state nature of business.

Name of Employer:

Address:

Postcode

Position Held:

**Dates of
Employment**

From :	To :
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Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

**Dates of
Employment**

From :	To :
---------------	-------------

Reason for leaving:

Name of Employer:

Address:

Postcode

Position Held:

**Dates of
Employment**

From :	To :
---------------	-------------

Reason for leaving:

Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

Place of Study	Qualification / Grade

Professional, Technical or Management Qualifications

Please give details:

Professional/Technical/ Management Qualifications	Course Details

Membership of any Professional / Technical Associations- Please state level of Membership:

Training and Development

Please 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	Duration of Course

References, Additional Work & Driving Details

Please give names and contact details for two referees. References must be from your current or most recent employer. If you are a recent school leaver, one should be the Head teacher of your last school. Character references will only be accepted if employment references cannot be taken. Please do not use relatives. Please note that written references will be taken up and made available to interviewers before the final selection stage for all post requiring a CRB disclosure, even if you indicate otherwise

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Telephone N ^o :	<input type="text"/>	Telephone N ^o :	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes No

Are you willing for this referee to be approached prior to the interview? Yes No

Do you have any additional work, paid or voluntary, that you intend to continue if you are appointed to this post? Yes No

If yes, please give details of nature of work and hours etc. :

Do you hold a full UK driving licence? Yes No

Do you have access to a car for work purposes? Yes No

Do you have any endorsements? Yes No

If yes, please give details:

Personal Statement

Abilities, skills, knowledge and experience.

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

Declaration

Are you related to a current
Employee / Board member?

Yes

No

If yes:

Name

Relationship

Canvassing of employees/Board members of the Group directly or indirectly for any appointment with the Group is prohibited and shall disqualify the candidate for that appointment.

The information in this application is true and complete. I agree that any deliberate omission, falsification or misinterpretation will be grounds for this application being made void and may result in dismissal if employed by the organisation.

Tick box to confirm

RETURNING THIS FORM



By Hand or Post:

Human Resources Department
Bernicia Group
Oakwood Way
Ashwood Business Park
Ashington
Northumberland
NE63 0XF

By E-Mail:

recruitment@bernicia.com

Enquiries:

Telephone: 0191 2383905 / 0191 2383141
Fax: 0191 2383900