

APPLICATION FORM

Application for
the Post of:

1. Personal Information

Last Name: Previous Name(s): (If applicable)

First Name(s):

Home Address:
Please specify
alternative
correspondence
address on a separate
sheet

Postcode:

E-mail address:

National Insurance Number:

Do you have a current driving licence? Yes No

Do you have daily use of a vehicle? Yes No

Do you have any penalty points on your licence? Yes No
If so how many?

Telephone Numbers:
Home:
Work:
Mobile:

Do you consider yourself to have a disability? Yes No

(NB: The Disability Discrimination Act defines a person as having a disability if he or she "has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities")

If you have a disability, are there any arrangements which we can make for you if you are called for interview? Yes No

If Yes, please outline your requirements:

How did you find out about this job?

Are you applying on Job Share basis? Yes No

If so, please state the proportion of full-time you are willing to work:

2. Present (or most recent) Employment

Name and address of present (or most recent) employer:

Telephone Number:

Date Started

Date of Leaving:
(if applicable)

Title of Post:

Present or final grade/salary:

Specify any other additional benefits/ payments you receive:

Reason for leaving:

Please provide a brief description of duties of the post:

Period of notice required to terminate employment:

3. Previous Employment

Starting with the most recent, all periods since leaving full time education should be accounted for e.g. unemployment, voluntary work, raising family. (Continue on a separate sheet if necessary)

Name and Address of employer(s):	From: Month/Year	To: Month/Year	Post held, brief description of duties and reason for leaving:

4. Professional Qualifications

Please state the name of each body, date of admission and the date of successfully completing each part of the qualification.

Name of Professional Association:	Membership Grade:	Please state whether by Examination or award	Date:

5. Other Training And Courses

Please list in chronological order, most recent first, any relevant courses or training you have attended in the last five years indicating the date of attendance

Title of Course/Training	Date of Attendance

6. Education

Please give details of secondary, further and higher education qualifications achieved. Start with the most recent.

Date	Qualification gained or pending & state subject	Grade obtained	Office use only: certificates checked

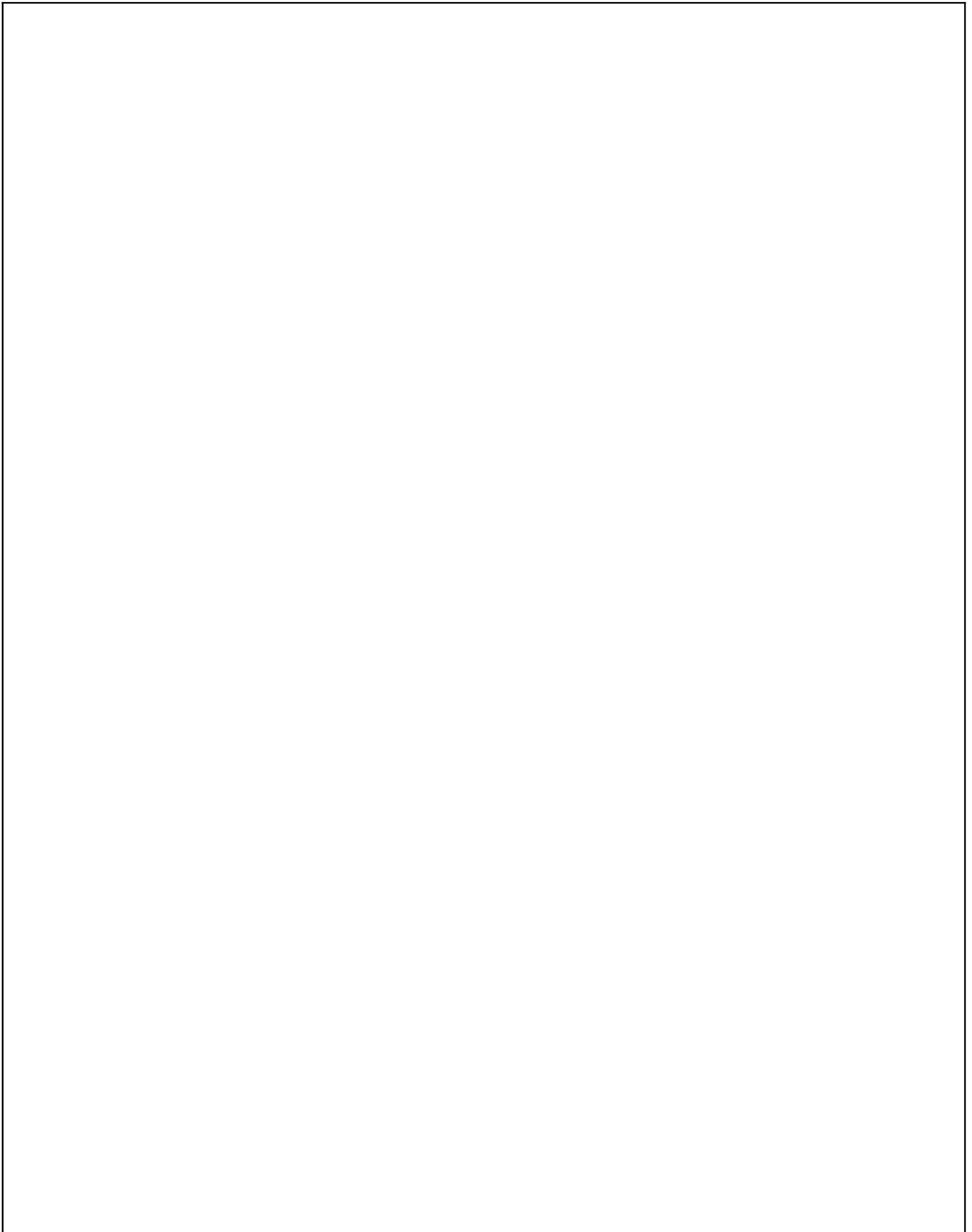
Proof of essential qualifications will be required at interview.

Failure to produce these could disqualify you from the interview process.

Copies of essential qualifications will be required on commencement of employment.

7. Additional Information

Please see notes of guidance. Supporting information, in particular any experience, skills and knowledge relevant to the post applied for as detailed in the Job Description and Person Specification sent to you should be added here. (Please continue on a separate sheet if necessary).

A large, empty rectangular box with a thin black border, intended for the applicant to provide supporting information, experience, skills, and knowledge relevant to the post. The box occupies most of the page below the introductory text.

8. Sickness Absence Details

Please note that in accordance with the Data Protection Act 1998, all personal sensitive information given will only be used in connection with this application process.

Please give details of sickness absence during the last 24 months.

Number of days: **Number of Periods:**

**Reason(s) for
Absence(s):**

Please note that the information you supply regarding sickness absence will be verified with your previous employer.

9. References

One should relate, if applicable to your present job, or most recent employer, or a member of the School/University Academic Staff. Please state in what capacity the two referees are acting, e.g. current employer.

**1st Referee's
Name and
Address:**

Telephone No: **Capacity:**

E-Mail Address:

Please indicate here if you are happy for this referee to be contacted at this stage: Yes No

**2nd Referee's
Name and
Address:**

Telephone No: **Capacity:**

E-Mail Address:

Please indicate here if you are happy for this referee to be contacted at this stage: Yes No

Please note that references will be taken up before you are formally confirmed in post.

10. Asylum and Immigration Act 1996

The successful applicant will be required to provide original material evidence of a valid National Insurance Number or other approved documentation before being allowed to commence employment. Can you provide this evidence? (Please see Guidance Notes entitled 'The Asylum and Immigration Act 1996' for further information)

Yes No

11. Rehabilitation of Offenders Act 1974

This post is covered by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended). All criminal convictions, cautions and bind-overs must be declared regardless of when they occurred. This is completely confidential.

Do you have a prosecution pending or have you ever been convicted at a court or cautioned by the Police for any offence?

Yes No

If yes, please give date(s) of conviction/caution(s) and brief details:

We aim to promote equality of opportunity for all with the right mix of talent, skills and potential. We welcome applications from diverse candidates. Criminal convictions, cautions and bind-overs will be taken into account for recruitment purpose only when relevant.

12. Declarations

The information given in this form will form part of the Contract of Employment for successful candidates. Under the terms of The Data Protection Act 1998 the information you give will be kept confidential and will only be used for the purpose of personnel management. We may contact other relevant organisations to check factual information, including sickness absence; you have given details of in this application form. The information will be stored manually and disposed of after 12 months (maximum) if your application is unsuccessful.

I declare that all the information I have provided is true. I agree that the information I give you in connection with this application for employment may be stored and processed for the purpose of personnel management.

Signed: _____

Date: _____