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| 145 Meadowcroft  Aylesbury, Bucks, HP19 9HH  Tel: 01296 431911 / Fax: 01296 330783  Email: age@ageukbucks.org.uk |



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| **APPLICATION FORM** |  |  |
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| You can fill in this form electronically. Click on a grey box to turn it blue, then type, or use F11 key. Please save the document and either email it to us or print it out and post it. Please refer to the guidance notes when completing each section. Where necessary continue your answers on a separate sheet, which may be typed. **Please note that CVs are not acceptable and will be discounted.** |

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| 1. For which post are you applying? |  |
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| How did you learn of this vacancy? |  |

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| National insurance number: |  |  |  |  |  |  |

2.

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| --- | --- | --- | --- | --- | --- |
| Surname: | |  | | --- | |  | |  | | Forenames: |  |
|  |  |  |  |
| Address: |  |  |  |
|  |  |  |
|  | Postcode: |  |
|  |  |  |  |
| Home tel: |  | Work tel: |  |
|  |  |  |  |
| Mobile tel: |  | Email: |  |

3. **EMPLOYMENT HISTORY**

**Current/Most recent employer From/To Job title/Brief description of duties**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Notice required: |  | Present rate of pay: |  |
| **Previous employers** | | |  |  |  |  | **Reason for leaving:** | |
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4. **EDUCATION**

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| **General education** |  | **Level** |  | **Grade** |
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| **Further education** |  | **Qualification** |  | **Grade/Class** |
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5. **PRACTICAL TRAINING/PERSONAL DEVELOPMENT**

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| **Organisation** |  | **Qualifications gained** |
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| Yes |  |  |  | No |  |  |

6. Under the Asylum & Immigration Act 1996, we can only offer you a job if you have the right to live and work in the United Kingdom. You will therefore be requested to produce appropriate documentation. Are you legally entitled to live and work in the United Kingdom and able to produce documentation?

|  |
| --- |
| You are advised that we check documents thoroughly and cooperate fully with the Border and Immigration Agency to prevent illegal working. We reserve the right to check with the Border and Immigration Agency applicant’s documents. |

7. **ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION**

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### 8. WHY DO YOU WANT THIS JOB?

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9. **REFERENCES**

1. **Present/Previous employer 2. Employer/Personal**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
|  |  |  |  |
| Address: |  | Address: |  |
|  |  |  |  |
| Postcode: |  | Postcode: |  |
|  |  |  |  |
| Tel no: |  | Tel no: |  |
|  |  |
| email: |  | email: |  |

10. **DRIVING:** see person specification – only complete if relevant to present application.

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| Do you hold a current full driving licence? | Yes |  |  |  | No |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Do you have access to personal transport? | Yes |  |  |  | No |  |  |

If driving is a requirement of the job, please give details of any endorsements:

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| 11. **Disclosure & Barring Service**  Do you have any convictions, cautions, reprimands or final warnings that are not “protected” as defined by the Rehabilitation of Offenders Act 1974(Exceptions) Order 1975 (as amended in 2013)\*?  \* For definition see the guidance notes received with this application form. |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 12. **Disability Discrimination (Equalities Act 2010)**  This Act protects people with disabilities from unlawful discrimination. If we know you have a disability, we will make adjustments to the working environment provided it is reasonable in the circumstances to do so.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Yes |  |  |  | No |  |  |   Do you have a disability you wish us to know about at this stage?  If yes, to assist us in considering your application, please let us know if you believe there are any reasonable adjustments we should be making. |

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| 13. **Signature**  The information given in this application is, to the best of my knowledge, true and accurate. I understand that any false declarations may lead to the withdrawal of a job offer or termination of employment without notice. Please note that by signing the application form your information will be handled and stored under the terms of the Data Protection Act 2018 and the General Data Protection Regulation of 2018. |

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| --- | --- | --- | --- |
| Signed: |  | Date: |  |

# AUKB small logo

# Equal Opportunities Monitoring Form

The Equal Opportunities Policy of Age UK Buckinghamshire states we will not unjustifiably discriminate against anyone on the grounds of age, race, colour, nationality, religion, gender, disability, sexual orientation and marital status. In order that we can measure the impact of this policy, and continue to develop relevant personnel policies, please complete this form.

The information on this page is confidential and will be used for statistical monitoring purposes only and will not be available for persons short-listing or interviewing.

Position Applied for:

How did you find out about this post? Please state the source of the advertisement.

Date of Birth:       Postcode:



Gender: Male Female

### ETHNICITY

What is your ethnic group?

|  |  |  |  |
| --- | --- | --- | --- |
| White British |  | Bangladeshi |  |
| White European |  | Chinese |  |
| Other White |  | Other Asian |  |
| Black British |  | Mixed British |  |
| Black Caribbean |  | Mixed Caribbean |  |
| Black African |  | Mixed African |  |
| Other Black |  | Other Mixed |  |
| British Asian |  | Other Ethnic |  |
| Indian |  | Prefer not to specify |  |
| Pakistani |  |  |  |

### DISABILITY

The Disability Discrimination Act 1995 regards a person to have a disability who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?