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| 145 MeadowcroftAylesbury, Bucks, HP19 9HHTel: 01296 431911 Email: age@ageukbucks.org.uk |



**Self-employed Agent Application Form**

Thank you for your interest in joining Age UK Buckinghamshire. Please complete this form and email to zstevenson@ageukbucks.org.uk. Alternatively post to the address above. All information is strictly confidential.

|  |  |
| --- | --- |
| Post applying for  |  |
| Where did you hear about this vacancy? |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Surname: |

|  |
| --- |
|   |
|  |

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

Under the Asylum & Immigration Act 1996, you can only work on our behalf if you have the right to live and work in the United Kingdom. Are you legally entitled to live and work in the United Kingdom and able to produce documentation?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

**Previous Work Experience**

Please give brief details of previous employment.

|  |  |  |
| --- | --- | --- |
| **Dates****From – To** | **Name of Employer** | **Job and duties** |
|  |    |   |
|  |  |  |
|  |  |  |
|   |  |  |

**Education, skills and Training**

 Please give brief details of your education, skills and any relevant training

 **Why do you want this job?**

 **References**

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

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

 **Driving**

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

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  **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)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Yes |  |  |  | No |  |  |

 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   **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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|  **Signature**The information given in this application is, to the best of my knowledge, true and accurate. 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. |

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

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# 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 used as part of the application process..

Position Applied for:

Date of Birth: Postcode:

Gender:

###  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 |  | Other |  |

###  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?