

**APPLICATION FOR EMPLOYMENT** Unit 1 Ten pound Walk

**STRICTLY CONFIDENTIAL** Doncaster

# DN4 5HX

## PLEASE NOTE Tel. 01302 812345

1. Answer all questions on the form Fax. 01302 812813
2. Please complete form clearly in **BLACK INK**
3. When completed form should be returned as indicated in the advertisement
4. Every applicant will be treated equally, regardless of sex, marital status, sexual orientation, age, disability, race, religious beliefs and ethnic or national origin
5. Age UK Doncaster meets the requirements in respect of exempted questions under the Rehabilitation of Offenders Act 1974.
6. A Disclosure will be required for all employees working directly with older people in the community.
7. Please use supplementary pages where necessary

## POST APPLIED FOR: Home from Hospital Assistant Organiser

**WHERE DID YOU SEE THE JOB ADVERTISED ………………………………………….**

### ABOUT YOU

Surname: …………………………………….…. Initials: …………….

Address: ………………………………………..

………………………………………..

Town ………………………………………..

Postcode: ……………………….. email address: ………………………………

Telephone No. (inc STD code) …………………………………….

Mobile No. ……………………………………………

**EDUCATION/QUALIFICATIONS:**

|  |  |
| --- | --- |
| **SCHOOL/COLLEGE/UNIVERSITY** | **QUALIFICATIONS** |
|  |  |

**WORK EXPERIENCE:**

**Current/Most recent employment:**

Name and Address of employer

Telephone No. (inc STD code)

Position held: From: ……………….. To: ………..…...

Salary How much notice are you required to give?

Brief description of duties:

Reason for leaving:

**Previous employment 1:**

Name and Address of employer

Telephone No. (inc STD code)

Position held: From: ……………….. To: ………..…...

Salary How much notice are you required to give?

Brief description of duties:

Reason for leaving:

**Previous employment 2:**

Name and Address of employer

Telephone No. (inc STD code)

Position held: From: ……………….. To: ………..…...

Salary How much notice are you required to give?

Brief description of duties:

Reason for leaving:

**REFERENCES**

Please provide 2 referees, one must be your current/most recent employer: They should **not** be relatives. Please also indicate in what capacity they know you.

Reference 1 (Current/most recent employer)

Name

Company name and address

Telephone Number email address

Relationship

Can we contact this person for a reference prior to interview?

Yes □ No □ if not, please state why:

Reference 2 (Current/most recent employer)

Name

Company name and address

Telephone Number email address

Relationship

Can we contact this person for a reference prior to interview?

Yes □ No □ if not, please state why:

###### YOUR EXTRAORDINARY SKILLS

What Three values are most important to you as a person?

1.

2.

3.

Describe a professional or personal experience where you have supported / helped another person.

Based on the Job Description, Person Specification, your knowledge and experiences briefly explain why you will be a great Home from Hospital Assistant Organiser.

**CAR OWNER/DRIVER**

Do you possess a full current drivers licence? YES/NO

Have you got access to a car for work? YES/NO

Would you have daily access to a car in relation to your employment? YES/NO

###### DECLARATION

Are you related, by birth or marriage, to any member of the staff of Age UK Doncaster or any member of the Board of Directors?

YES/NO

If Yes, please give details of name and relationship

………………………………………………………………………………………………………………

I declare that the information given on this form is true and correct. I understand that any deception could result disciplinary action being taken which could lead to dismissal.

***Signature: ………………………………… Date: ……………………………***

**ADDITIONAL INFORMATION**

This information will be detached prior to shortlisting.

#### **DECLARATION OF CRIMINAL CONVICTIONS/CAUTIONS**

Have you **ever** received a conviction whether it be ‘unspent’ or ‘spent’ as designated by the Rehabilitation of Offenders Act (1974)?

YES □ NO □

Have you **ever** received a caution, reprimand or warning for a criminal offence?

YES □ NO □

If you have answered YES to either of the above questions, please provide details in a separate envelope marked CONFIDENTIAL.

Signed: ………………………………………..……. Date: ………………..

AGE UK DONCASTER

**SEX, ETHNIC, AGE AND DISABILITY MONITORING**

Applicants are requested to tick the relevant boxes below to enable Age UK Doncaster to monitor its Equality and Diversity Policy and return this form in the envelope provided. Monitoring is recommended by the codes of practice for the elimination of racial discrimination and for the elimination of discrimination on the grounds of sex, age and disability. ***This information is to be used for no other purpose, will not be available to those short-listing for this post and will be treated as confidential.***

Post Applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sex:**

Male: Female:

**Age:**

Under 18 18-25 26-35 36-45 46-55 56-65 over 65

**Ethnic Group:**

**(**Please tick **√** as appropriate**)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **White** | √ | **Mixed** | √ | **Asian or**  **Asian British** | √ | **Black or**  **Black British** | √ | **Chinese or**  **Other Ethnic Group** | √ |
| British |  | White & Black Caribbean |  | Indian |  | Caribbean |  | Chinese |  |
| Irish |  | White & Black African |  | Pakistani |  | African |  |  |  |
|  |  | White & Asian |  | Bangladeshi |  |  |  |  |  |
| Any Other White Background |  | Any Other Mixed Background |  | Any Other Asian Background |  | Any Other Black Background |  | Any Other |  |

**Disability:**

Do you consider yourself to have a disability? YES/NO

Day to day activity affected, please specify ……………………………………