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The Southville Community Centre

Southville Road

Feltham

Middlesex TW14 8AP

Tel: 020 8560 6969

Fax: 020 8560 9119

Website: www.ageuk.org.uk/hounslow

**Application for Employment**

Age UK Hounslow are committed to treating job applicants and employees fairly and consistently. We will act to ensure equality of opportunity during the recruitment and selection process, both for reasons of natural justice and fair treatment and to ensure that the most suitable employees are appointed in order to maximise the Charity’s efficiency. We aim to embrace diversity in all that we do and we recognise the worth of each individual’s experience, expertise and opinion, and we hold respect for one another at the heart of our organisation.

|  |  |
| --- | --- |
| Which post are you applying for?  | How did you learn of this vacancy? |
| Are you related to an employee of any Age UK(Please give details) | Are you currently available for work?What notice period are your required to give? |

**Personal Details**:

|  |  |
| --- | --- |
| Surname: | Forename(s): |
| Address:Email Address:  | Home Number:Mobile Number:Work Number: |

**Current Employment Details:**

|  |  |
| --- | --- |
| Name of current/most recent Employer: | Address:Telephone no: |
| Current post: | Brief Description of Duties: |
| Current Pay: £ | Period of Notice required by current employer: |

**Education:**

|  |  |  |
| --- | --- | --- |
| General Education | Level | Grade |
|  |  |  |
| Further Education/Professional Qualifications | Qualification | Grade/Class |
|  |  |  |

**Employment History**

|  |  |  |  |
| --- | --- | --- | --- |
| Name and address of employer(Most recent first) | Position | Key Achievements | Dates of employment and Reason for leaving |
|  |  |  |  |

**Disability**

We are using the word “disability” to include people with obvious disabilities and those with invisible disabilities or persistent health problems. The Disability Discrimination Act 1995 defines a disability as:

 *“a physical or mental impairment which has substantial and long-term (lasting more than 12 months) adverse effect on your day to day living”*

Have you a disability which requires the provision of specific facilities at interview or for work?

If so, is there anything we could do to assist you? Please give details:

**Personal Development**

Please state any courses, membership, voluntary work or public service/duties you consider relevant, with outcomes where applicable:

**Supporting Statement**

This is an opportunity to draw attention to aspects of your career, training courses attended, interests,

ambitions, etc., which make you suitable for the post. Also state why you are interested in applying for this post and make particular reference to the Role Description. Use additional sheets if necessary.

**References**

Please give names and address of two referees, one of whom should be your current or most recent employer.

|  |  |
| --- | --- |
| ***Reference 1***  | ***Reference 2*** |
| Employer: | Employer/Personal: |
| Name: | Name: |
| Job Title: | Relationship: |
| Company: | Company: |
| Address: | Address: |
| Telephone No: | Telephone No: |
| E-mail: | E-Mail: |

Should referees be approached prior to interview? Yes No

**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.

Signature of applicant: Date: