

Job Application Form

Please complete all sections of the form as clearly and accurately as possible.

1. Position Details:	
Post applied for:	Post Ref:
Post Location:	Closing Date:

2. Personal Information:	
Last Name:	First Name(s):
Preferred Name:	Title:
Address :	
Post Code:	
Contact details (please specify preferred method of contact):	
Tel:	Mobile:
Work:	Email:

National Insurance Details:									
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Do you have the right to work in the UK without restrictions: <i>If applicable we will require proof of right to work.</i>	YES / NO
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Where did you hear about this Vacancy:	
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Post Applied For:	
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3. Education/Training attained: (In date order, most recent first)				
Name and address of School, College, University	Dates		Qualifications and Course subjects	Date Obtained (mm/yy)
	From (mm/yy)	To (mm/yy)		

Relevant Non Qualification Courses Attained:		
Organising Body	Course Details	Date Attended (mm/yy)

Membership Of Professional Bodies /Associations (e.g. councils, pin numbers for medical associations)		
Name Of Membership	Membership Status and Number	Dates Of Membership and Renewal (mm/yy)

4. Present Employment or Most recent (If Applicable)	
Job Title:	
Name of Employer:	Contact Number:
	May we contact you on this number: Yes/No
Address:	Salary/Rate:
	Date of appointment:
	Date of leaving (if applicable):
	Reason for leaving:
Post Code:	Notice Period required:
Key duties/responsibility of position:	

4a. Previous Employment: (starting with the most recent)				
Employers Name and Address	Role and Salary	Dates		Reason For Leaving
		From (mm/yy)	To (mm/yy)	

5. Summary of relevant experience: (please use an additional sheet if required)
Please state how your knowledge skills and experience will assist you in applying for this role. Refer to the job description and person specification to measure against your ability and competencies required for this position.

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE JOB/PERSON SPECIFICATION FOR THE POST REQUIRES THIS.

6. Car Owner/Driver	
Do you hold a current full driving licence?	Yes/No
If yes , please indicate which category vehicles you are allowed to drive:	
Do you own or have Full use of a vehicle?	Yes/No
Does your insurance policy include business cover?	Yes/No

9. Additional Information	
Are you related to any members of staff at Age UK Leicester Shire and Rutland? If yes, please specify role and department:	Yes/No

10. The Equality Act (2010)	
<p>The Equality Act (2010) defines a disabled person as someone who has a mental or physical impairment that has a substantial and long-term adverse effect on the person's ability to carry out normal day-to-day activities. A disability may include progressive conditions such as HIV and cancer, mobility, sight or hearing impairments or mental health issues such as depression. You should not take into account the effect of any medication or treatment used.</p> <p>In relation to the definition of disability above, do you consider yourself to be disabled?</p> <p><i>If yes, please also see the Information for Candidates with a Disability Form.</i></p>	Yes/No

<p>Age UK Leicester Shire and Rutland are committed to guaranteeing all disabled applicants an interview should they meet the minimum requirements specified in the person specification.</p> <p><i>In the event that you are selected for interview please advise us of alternative arrangements you may require:</i></p>

12. General Data Protection Regulations	
<p>In line with our Privacy Notice (available upon request) the information you supply in this application form for the purpose of employment with us, will be held to enable a personal file (if successful at interview) to be created.</p> <p>For all unsuccessful applicants this information will be held for a period of 12 months from our last contact. The information provided will then be destroyed after the period specified.</p> <p>Please could you indicate by ticking one of the boxes below whether you give your consent for us to process and hold the information supplied as described above</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

13. References
Please give details and addresses in full of two individuals, not related to you, who will provide employment references covering the last 5 years. One of these must be your present or most recent employer if you are not currently employed. The other must be a referee from a professional source who can provide a character reference.
<u>Care Related Posts:</u> Where staff are expected to undertake regulated support (e.g. personal care), it may be deemed more appropriate to seek references from any previous care-related employment. This will be determined by the interview panel.

PLEASE NOTE: REFEREES WILL NOT BE APPROACHED PRIOR TO INTERVIEW

Name and position:	Name and Position:
Address:	Address:
Postcode:	Postcode:
Contact Details:	Contact Details:
Tel No:	Tel No:
Email:	Email:
Relationship to Applicant:	Relationship to Applicant:

13. Declaration	
I declare that all the information, including qualifications, is true and accurate. I understand that deliberate misrepresentation or omission of factual information requested may lead to withdrawal of a job offer or dismissal without notice. Subject to being offered a post, I hereby consent to Age UK Leicester Shire and Rutland requesting written references.	
Signed:	Date:

Please Return Completed form to:

**Human Resources Department
Age UK Leicester Shire & Rutland
Lansdowne House
113 Princess Road East
Leicester LE1 7LA**