

Job Application Form

Please complete all sections of the form as clearly and accurately as possible. CVs will not be accepted

1. Position Details:									
Post applied for:		Post Ref:							
Post Location:		Clo	sing	Date	e :				
2. Personal Information:									
Last Name:		First	t Nar	ne(s	5):				
Preferred Name:			Title:						
Address:									
Post Code:									
Contact details (please specify preferred metho	od of co	ntaci	t):						
Tel: Mob									
Work: Email:									
	l								
National Insurance Details:									
Do you have the right to work in the UK will fapplicable we will require proof of right to work.	thout	restri	ctior	ns:			,	YES /	NO
Where did you hear about this Vacancy:									

Application Ref No: (For office use only)

3. Education/Training attained: (In date order, most recent first)					
Name and address of	Dates		Qualifications and		Date Obtained
School, College,	From			(mm/yy)	
University	(mm/yy)	(mm/yy)		,	
		l.			
Relevant Non Qualificatio	n Course	s Attainec	l:		
Organising Body		Course D		Date	e Attended
				(mm/yy)
Membership Of Profession					
(e.g. councils, pin number				Dot OCA	A a made a made la mana de
Name Of Membership	IVIer	Membership Status and			Membership and
		Numk	<u>per</u>	Rene\	wal (mm/yy)
	I			1	

Post Applied For:

4. Present Employment or Most re	ecent (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	on:

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

Summary of relevant ex	perience:				
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.					

5a. Additional Sheet: (If required)	

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

10. The Equality Act (2010)

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.

Yes/No

In relation to the definition of disability above, do you consider yourself to be disabled?

If yes, please also see the Information for Candidates with a Disability Form.

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.

In the event that you are selected for interview please advise us of alternative arrangements you may require:

12. General Data Protection Regulations
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.
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.
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
Yes □ No □

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.

Care Related Posts:

Name and position:

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.

Name and Position:

PLEASE NOTE: REFEREES WILL NOT BE APPROACHED PRIOR TO INTERVIEW

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