

The Peartree Centre Chadds Lane, Peartree Bridge MILTON KEYNES MK6 3EB Tel: 01908 550700 / Fax: 01908 557899 Email:employment@ageukmiltonkeynes.org.uk

APPLICATION FOR EMPLOYMENT



You can fill in this form electronically. Click on a grey box to turn it blue, then type. Please save the document and either email it to us or print it out and post it. Please refer to the Guidance notes when completing each section. Where necessary continue your answers on a separate sheet, which may be typed. Please note that CVs are not acceptable and will be discounted. 1.

For which post are you applying?				
How did you learn of this vacancy?		if on-lir	ne please	state where
National insurance number:				

2.

Surname:	Forenames:	
Address:	Title:	Mr/Mrs/Miss/Other
	Postcode:	
Home tel:	work tel:	
Mobile tel:	email:	

3. EMPLOYMENT HISTORY

Current/Most recent employer	From/To	Job title/Brief description of duties
		Reason for leaving:
Notice required:	Present rate of pay: £	
Previous employers		

4. EDUCATION

General education	Level	Grade
Further education	Qualification	Grade/Class

5. PRACTICAL TRAINING/PERSONAL DEVELOPMENT

Organisation

Organisation	

	Qualificationo gamea	
1		

Qualifications gained

6. Under the Asylum & Immigration Act 1996, we can only offer you a job if you have the right to live and work in the United Kingdom. You will therefore be requested to produce appropriate documentation. Are you legally entitled to live and work in the United Kingdom and able to produce documentation?

Yes No

You are advised that we check documents thoroughly and cooperate fully with the Border and Immigration Agency to prevent illegal working. We reserve the right to check with the Border and Immigration Agency applicant's documents and you agree to us using the on-line checking service.

7. 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. For definition see the guidance notes received with this application form.

If your role requires a DBS you will be required to pay for this yourself but will be refunded on completion of six month's satisfactory probation.

9. WHY DO YOU WANT THIS JOB?

10. REFERENCES

	Present or most recent employer		Personal – known for at least 2 years
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Tel no:		Tel no:	
email:		email:	

11. **DRIVING:** see person specification – only complete if relevant to present application.

Do you hold a current full driving licence?	Yes		No					
Do you have access to personal transport?	Yes		No					
If driving is a requirement of the job, please give details of any endorsements:								

12. 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.

Do you have a disability you wish us to know about at this stage? Ye

	N	I

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.

13. 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 without notice. Please note that all information received will be processed under current Data Protection legislation and unsuccessful applications will be kept for 6 months then destroyed.

Signed:	Date:	



Equality and Diversity Monitoring Form

The Equal Opportunities Policy of Age UK Milton Keynes states we will not unjustifiably discriminate against anyone on the grounds of age, race, colour, nationality, religion, ethnic origin, 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, would you please complete this form. It is your choice to complete this form or not and you may choose to leave some sections blank.

The information on this page is confidential and will be used for statistical monitoring purposes only and will not be available for those who are short-listing or interviewing.

Position Ap	plied for	r :								
Gender:		Male	Fe	mal	e	Ot	her			
Gender Ide	-					-	1	-		
Do you iden	tify as a t	ransgender/t	ranssexua	al?	Yes		No	P	refer not to say	
					British Asian				ive d Dritiek	
ETHNICITY	-	White British				Asia	n		ixed British	
-		White Europ			Indian				ixed Caribbean	
		Other White			Pakista			_	ixed African	
		Black British			Bangla			M	ixed Other	
		Black Caribb			Other Asian					
		Black Africa	n		Other Ethnic		ic			
Other Black			Arab	Arab						
		1								
RELIGION		I would describe my relig			ion as					
		I have no pa	articular re	eligio	on of be	lief				
AGE	16-24	25-29	30-3	4			MARITAL		Married	
	35-39	40-44	45-4	9			STATUS		Divorced	
	50-54	55-59	60-6	4					Single	
	65+								Civil Partnership	
SEXUAL		Heterosexu	al/Straigh	t	Bisexual		al			
ORIENTATI	ION	Gay woman/lesbian			Gay Man		in			
				•	·		·			

DISABILITY The Equality Act 2010 defines a disability as a "physical or mental impairment which has a substantial and long-term adverse affect on a person's ability to carry out normal day-to-day activities. An effect is long-term if it has lasted, or is likely to last, more than 12 months.		
Do you consider that you have a disability under the Equality Act (please tick)?	Yes	
	No	
	Used to have a disability but have now recovered	