

APPLICATION FOR EMPLOYMENT PRIVATE & CONFIDENTIAL

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Position applied	for:				
Personal Deta	ils				
Title	Forename(s)		Surname		
Permanent addre	ss				
		Postcode			
Home telephone	number	Mobile tele	ephone number		
Work telephone r	number (if convenient)	e-mail add	ress		
Have you ever wo	orked or applied to work for thi	s organisat	ion before?	Yes 🗌	No 🗌
If Yes, please giv	e details				
Previous or other	r names and surnames used				
National Insurance	ce number	Nationality	/		

Education & Membership of Professional Bodies

Secondary Education/Qualifications

Date	Institution name & address	Subject	Level (GCSE, 'A' level etc)	Grade

	University/College attended (name & address)	С	ourse qualif	icati
	(name a address)		ii doiii	CVC
	ontact details of tutor or lecturer was if you are unable to provide us w			se
Name		Position/Job Title		
Address				
Telephone n	umber	e-mail address		
<u>-</u>				
Employme	ent Information			
Please give of the comployer an employment	details of your employment (paid d working backwards. Please ind breaks.			
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e-mail address

Telephone number

Previous employers - Continue on separate sheet if necessary

Name, full address & telephone number of emp	loyer			
Job title		From (MM/YY)	To (MM/YY)	
Reason for leaving (or seeking other employment	ent)	Final salary		
Please give a brief outline of your main respons	sibilities	3		
Name of referee	Positi	on of referee withi	in organisation	
Telephone number	e-mail	address		
Name, full address & telephone number of emp	loyer			
Job title		From (MM/YY)	To (MM/YY)	
Reason for leaving (or seeking other employment	ent)	Final salary	1	
Please give a brief outline of your main responsibilities				
Name of referee				
Telephone number	e-mai	address		
Name, full address & telephone number of emp	loyer			
Job title		From (MM/YY)	To (MM/YY)	
Reason for leaving (or seeking other employment) Final salary				
Please give a brief outline of your main respons	sibilities	3		
Name of referee Position of referee within organisatio		in organisation		
Telephone number	e-mail address			
Name, full address & telephone number of emp	loyer			
Job title	From	(MM/YY)	To (MM/YY)	
Reason for leaving (or seeking other employment)	Final	-		
Please give a brief outline of your main respons	sibilities			

Name, full address & telephone number of employer	Name of referee			on of referee withi	n organisation
Job title	Telephone number		e-mai	address	
Reason for leaving (or seeking other employment) Please give a brief outline of your main responsibilities Name of referee Position of referee within organisation Telephone number e-mail address If you have had any breaks in your employment (for example family commitments, travel, unemployment) please give the dates to and from and an explanation of the reason(s). Date from: Date from: Date to: Date from: Date to: Date to: Why are you applying for this position? Please briefly explain why you have applied for the position, in what ways your skill knowledge and experience match the requirements specified in the advertisement and/or jedescription and give details of any relevant interests or activities you feel would furth	Name, full address & telephor	ne number of empl	oyer		
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Additional Information	
How did you hear of this vacancy?	
Current Employee Name of employee:	
Hearing Dogs for Deaf People Website	
Other Jobs Website please specify	
Local/National press please specify	
Specialist publication please specify	
Do you require a work permit to work in the UK?	Yes No No
If yes and you already have a work permit what type of per	mit is it?
Do you hold a current Full UK driving licence?	Yes No No
Do you have an independent means of transport?	Yes No No
Are you related to a current member of the Charity? (F disqualify you).	ailure to disclose such information may Yes No
If yes, please give details	
Do you have any unspent criminal convictions? (Under 1974 you are not required to disclose any spent convictions)	
If 'yes', please give details (this will not necessarily bar you	from appointment)
Please indicate any dates or times within six weeks of would be unavailable to attend an interview	the application closing date when you

Sickness Record

As part of our approach towards effective sickness management, we ask all job applicants to indicate the number of days they have been absent from work due to illness over a two year period. This helps us to establish those applicants who can demonstrate a positive attendance record.

We accept that some absences from work are inevitable, but it is important to ensure that people who join us will be able to carry out their work effectively.

Please list below any periods of absence from work which you have had over the two year period prior to the closing date of the vacancy for which you have applied. It is not necessary to give specific reasons for absence unless you wish to do so.

Date absence ended	Comments
	Date absence ended

Asylum and Immigration Act

Under the terms of the Act, it is an offence to employ an employee, or an apprentice aged 16 or over, who has no immigration authorisation to work in the UK. Therefore, should your application be successful you will be required to provide proof of eligibility to work in the UK.

Declaration

I authorise Hearing Dogs for Deaf People to contact any previous employers or education(s) establishments mentioned in order to obtain references to support this application once an offer has been made and accepted.

This application will be processed within the terms specified by the Data Protection Act 1998. I hereby explicitly consent to the Charity collecting, holding and otherwise processing personal data (including 'sensitive' personal data) relating to me for the purposes necessary within the employment process. If you are the successful candidate, relevant information will be taken from the form and used as part of your personal record, held by the HR Department and your immediate line manager.

I also understand that under the terms of Hearing Dogs for Deaf People records management policy my personal data may be transferred to the Archives once they are no longer required for current administrative purpose.

I confirm that the information given on this form is, to the best of my knowledge, true and complete. I understand that any deliberate attempt to provide false information to obtain employment is a serious misrepresentation and will lead to rejection, or if employed, dismissal and is likely to constitute a criminal offence.

Signed:		
Print nan	ne:	

For persons submitting an application by e-mail please type your name and the date. This, together with your attached e-mail will be deemed to form an electronic signature. Please be aware that you will subsequently be asked to sign a hardcopy of your application.

EQUAL OPPORTUNITIES MONITORING

If yes, please give brief details:

Hearing Dogs for Deaf People is committed to equality of opportunity for all job applicants and employees. In order to ensure we are meeting our aims, please answer the questions below and return this form with your application. This information is used solely for monitoring purposes and will not inform the selection process in accordance with the Data Protection Act 1998.

Gender				
Please tick: Male Female				
Ethnic Origin				
Please tick a box from the list below which best de-	scribes the ethnic group to which you belong:			
White	British			
	Irish Other White background			
Mixed Race	White & Black Caribbean			
	White & Black African White & Asian			
	Other mixed background Please specify			
Asian or Asian British				
Asian or Asian British	Indian Pakistani			
	Bangladeshi Other Asian background	Ш		
	Please specify			
Black or Black British	Caribbean			
	African Other Black background			
	Please specify			
Chinese or other ethnic group	Chinese			
	Other Please			
	specify			
I do not wish to identify my ethnic group at this	stage			
Disability				
Do you consider yourself to have a disability?	Yes No No			
As defined by the Disability Discrimination Act, 1995, a disability is:				
"A physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities".				
To enable us to make reasonable adjustments to Disability Discrimination Act 1995, do you have interview or to undertake the duties of the post, if a	any special requirements to enable you to at			

Thank you for providing this information.

You are asked to sign below only to ensure the authenticity of this information, which will be collated anonymously for statistical purposes with details supplied by other applicants.

I understand that the information given in this form will be held on computer and processed in accordance with the Data Protection Act (1998) and that I consent to the storage and use of such information for employment purposes.

Name:			
Signed:			

How to apply

Once complete return your application to:



Kayla Mullins, Hearing Dogs for Deaf People, The Grange, Wycombe Road, Saunderton, Buckinghamshire, HP27 9NS or



Recruitment@hearingdogs.org.uk

Please ensure that your form reaches us before 5.00pm on the day of the closing date.

Please feel free to attach your CV, testimonials, references or copies of your education or training certificates to your application form if you feel appropriate. If you add any continuation sheets please make sure you mark these clearly with your name and the position for which you are applying.

Thank you in advance for applying to Hearing Dogs for Deaf People.