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|  | ***Confidential*** Application for Employment |

**NOTES FOR COMPLETION**

As the Application Form is the main way we can decide whether or not to invite you to an interview, it is important that you give the best overall impression of yourself.

* Read all of the form and these notes first, to be sure you understand what informaiton is requested and how to complete the form. Also read all the information you have about the job.
* Complete all sections of the form either typed or in black ink as it will be photocopied.
* You are advised to practice first either on a separate sheet, or a copy of the form. It is also useful if you take copy of your completed form for your own use.
* Please continue on a separate sheet if necessary and ensure your name and job title are on any additional sheets you send.
* **Check the closing date and the return address and send your applcaiton in plenty of time to reach the right person by the closing date.**

|  |  |
| --- | --- |
| **Job Title:** | |
| **Location: Clued Up Project** |  |

#### SECTION A - PERSONAL DETAILS

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Last Name:** | **Initials:** | | | | | | | | |
| **Address:** | **Telephone No:**  **Home:**  **Work:** (if we can contact you there)  **Mobile:**  **Email:** | | | | | | | | |
| **National Insurance Number** *(see Eligibility to Work in this Country section of the Guidance Note for Applicants)* |  |  |  |  |  |  |  |  |  |

**SECTION B - EDUCATION AND TRAINING**

Please list examination passes achieved at school or in further education

|  |  |  |
| --- | --- | --- |
| Qualification / level | Subject | Grade |
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Please provide details of any higher education undertaken

|  |  |  |
| --- | --- | --- |
| University or college | Degree or qualification obtained | Duration |
|  |  |  |
|  |  |  |
|  |  |  |

Please provide details of any professional qualifications held and not listed above

|  |  |  |
| --- | --- | --- |
| Qualification | Relevant body | Duration |
|  |  |  |
|  |  |  |
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| --- | --- | --- |
| Other training relevant to this application | | |
| Name of Course | Provided by | Duration |
|  |  |  |

SECTION C - PRESENT OR MOST RECENT EMPLOYMENT, VOLUNTARY WORK OR ROLE

Remember to describe your work or role, as it is you we are interested in, not the team or business you were part of.

|  |  |
| --- | --- |
| Present or Most Recent Employment: |  |
| **Name and Address of Employer** | **Job Title** |
|  | **Annual Salary**  **or Weekly Wage** |
|  | **Dates Employed from - to** |
|  | Notice Required |
| **Brief Description of Duties** and reason for wishing to leave | |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Previous Employment** (Please continue on additional sheet if necessary) | | | | |
| Name and address of employer | Dates | | Post title and brief details | Reason for leaving |
| and nature of business | From | To | of main duties |  |
|  |  |  |  |  |

SECTION D - SUPPORTING STATEMENT

Please refer to our guidance on completing this form. In this section please tell us how you match the person specification citing relevant and specific examples from your work experience. Supply other relevant details in support of your application and describe the contribution you would make to the organisation. (Please continue on a separate sheet if necessary).

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#### SECTION E - DRIVING LICENCE

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| Complete this section where the person specification indicates that a driving licence is required  Do you hold a current driving licence?  Do you have access to a car?  Do you hold a current MIDAS Certificate? |

#### SECTION F - ATTENDANCE MANAGEMENT

Please state your number of days absent from work in the last 12 months.

Days

#### SECTION G - REFERENCES

Please give details of 2 people who have agreed to provide a reference for you. Ideally, they should have known you in a work capacity.

* If you have been previously employed, you must provide a reference from your current or most recent relevant employer.
* If you have not previously been employed or have been out of the labour market for some time, then please name someone else who would be able to give a reference. (Suitable people to name as referees could be a teacher or lecturer, someone who has known you in a voluntary or other organisation, or another responsible person who knows you well. (Referees should not be related to you.)

|  |  |
| --- | --- |
| Reference 1: | Reference 2: |
| Name: | Name: |
| Position/Occupation: | Position/Occupation: |
| Organisation: | Organisation: |
| Address: | Address: |
| Postcode: | Postcode: |
| Tel No: | Tel No: |
| Email address: | Email Address: |
| Relationship: (e.g. Manager, Supervisor) | Relationship: (e.g. Manager, Supervisor) |
| Length of time known | Length of time known |
| Can we contact this person now? | Can we contact this person now? |

**SECTION H - HEALTH INFORMATION**

|  |
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| Applications from disabled candidates are welcomed and we will make every effort to ensure a fair selection process.  Please describe below any reasonable adjustments which you feel should be made to the recruitment process to assist your application for the job/attend for interview:  Please describe below any reasonable adjustments which you feel should be made to the job itself if you are successful, which would enable you to carry out the job duties: |

## SECTION I - GENERAL INFORMATION

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| --- |
| Are you currently eligible for employment in the UK?  (You will be required to provide proof of this before commencing employment)  REHABILITATION OF OFFENDERS ACT 1974 - If you have previously been convicted of any offences, please give details unless the conviction can be regarded as “spent” in terms of the Rehabilitation of Offenders Act 1974. See the guidance notes for completing this application form for more information. If the position which you have applied for has been assessed as eligible for a Disclosure check, this will also be carried out prior to employment verification. |

**STORAGE OF SENSITIVE INFORMATION**

|  |
| --- |
| The personal information given on this form will be treated in confidence and will not be disclosed to any third parties except permitted by law or where consent has been given. The information given is being gathered for internal consideration by Clued Up.  We will store this Application Form in a secure and safe manner. The information gathered on the form will be retained for no longer than is necessary for the purposes of processing the application.  I authorise the collection of this information by Clued Up so that it may be used for the above purpose. It will be my responsibility if any information is incomplete or incorrect. I am aware that I am able to access, according to the Data Protection Act 1998, the information regarding my personal data that is kept by Clued Up, by providing a written request. I can also request the correction, addition, or elimination of any data through this written request.  Signature Date |

DECLARATION

|  |
| --- |
| I declare that to the best of my knowledge and belief all particulars I have given in this and the accompanying pages of the application form are complete and true and will be treated as part of any subsequent contract of employment. I understand that any false or misleading statement or any significant omission could result in termination of employment should I be subsequently employed as a result of submitting this application.  I understand that any offer of employment will be subject to receipt of evidence of my eligibility to work in the UK, satisfactory references, satisfactory Disclosure results (if applicable to the post being applied for) and a probationary period. I authorise Clued Up to verify information contained in this application via telephone, e-mail, fax or letter. I understand that third parties may be consulted to verify qualifications, criminal convictions and/or health information should this be necessary for this post.  Signature Date |

# Section J - Equal Opportunities Monitoring Form

***Please complete then seal it in envelope marked “***Equal Opportunities Monitoring Form***” and return it with your application form***

In order to check the effectiveness of our equal opportunities policy we monitor a range of areas where people may experience discrimination. The information will not be available to people involved in the selection process and will be used for monitoring purposes only. All information will be treated **in strict confidence** and names will not be shown in any statistics produced.

|  |  |
| --- | --- |
| Name |  |

**Details of the job you are applying for:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Job Title |  |  | Grade | |  |
|  |  |  |  |  | |

Do you see this job as promotion? Yes  No

Part Time  Full-Time  Job-Share  Permanent  Temporary

**1** Are you an employee of Clued Up Yes  No

If Yes are you currently: Temporary  Permanent

**2** What is your Gender? Male  Female

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** Do you have regular caring responsibilities for dependants? Yes  No  If yes do you care for  Children  Other Dependants (eg elderly or seriously ill adults)  Both  Where you are caring for children please say how many are in each category below | | | | | | | |
|  | under 5 |  | 5-16 |  | 17-18 |  |  |
|  | | | | | | | |

**4** *This information will help us to monitor marital status and lone parent status*

Please answer both (a) and (b)

(a) Are you married? Yes  No

(b) Are you currently living with a partner or spouse? Yes  No

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| --- | --- | --- | --- |
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| **5** | What is your age? |  |  |
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| **6** | *The Disability Discrimination Act 1995 defines disability as 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*.  Do you consider that you have a disability ?Yes  No  If you answered yes, please state the nature of the disability: | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **7** | | Ethnic origin is about colour and broad ethnic and cultural group. Different groups may face different experiences of discrimination. The categories closely match those used in the 2001 census for Scotland.  **Ethnic Categories to be used.** (Choose one section from A - F then tick the appropriate box to indicate your cultural background). | | | | | | | | |
| A White Scottish  English  Irish | | | | **B Black - Black Scottish, Black English Black Welsh, or other Black British**  Caribbean  African  Any other Black background please write in | | | | | | |
| Welsh | | | | |  | |  | |  | |
| Any other White background please write in | | | |  | | | | | | |
|  |  | |  | | |  | | | | |
| C Asian – Asian Scottish, Asian English Asian Welsh, or other Asian British  Indian  Pakistani | | | | **D** **Chinese, Chinese Scottish, Chinese English, Chinese Welsh or other Chinese British**  Chinese  Any other Chinese background please write in | | | | | | |
| Bangladeshi | | | | |  | |  | |  | |
| Any other Asian background please write in | | | |  | | | | | | |
|  |  | |  | | |  | | | | |
| **E**  **Mixed Race**  Any other Mixed rAce please write in | | | | **F Other ethnic background**  Gypsy Traveller  Any other background please write in | | | | | | |
|  |  | |  |  | | | |  | |  |
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8. Please say how you have heard about this job?

I give permission for the details from this monitoring form to be held on computer.

|  |  |  |  |
| --- | --- | --- | --- |
| Signed |  | Date |  |

Thank you for helping us to implement our policy of promoting equality of opportunity and eliminating discrimination.