**Post Applied for:**

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| **1.** **Personal Details** |
| **Title** | **Mr****Ms****Mrs****Dr****Rev** |
| **Surname** |  |
| **Forename(s)** |  |
| **Address** |  |
| **Postcode** |  |
| **Daytime Phone Number** |  |
| **Evening Phone Number** |  |
| **Mobile Phone Number** |  |
| **Are you eligible to work in the UK?** |  |
| **Do you hold a full Driving Licence?** | **Yes/No** |
| **Do you have access to a car?** | **Yes/No** |

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| **2. Current or Most Recent Job** |
| **Job Title** |  |
| **Date Appointed** |  |
| **Notice Required** |  |
| **Name and address of employer (if any)** |  |
| **Postcode** |  |
| **Salary** |  |
| **Brief description of duties** |  |
| **Reason for leaving** |  |

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| **3. Previous Employment** |
| **Dates (from – until)** | **Job Title & Key Duties** | **Employer** | **Reason for leaving** |
|  |  |  |  |
| **3. Previous Employment (cont.)** |
| **Dates (from – until)** | **Job Title & Key Duties** | **Employer** | **Reason for leaving** |
|  |  |  |  |
| **4. Relevant Voluntary Experience (if any)** |
| **Experience** | **Organisation** | **Dates (from/to)** |
|  |  |  |
| **5. Education and Training** |
| **Name of School, College, University etc.** | **Qualifications gained/ training undertaken** | **Dates (from/to)** |
|  |  |  |
| **6. Membership of Professional Bodies (current registration)** |
| **Name of Body/Membership** | **Date of Joining and Renewal Date** | **Membership no.** |
|  |  |  |

**References**

Please provide details of two referees below. At least one should be an employment referee and this should be your present or last employer.

Approach for references will only be made after acceptance of employment offer. Completion of this application form will be taken as your consent to apply for references.

|  |  |  |
| --- | --- | --- |
|  | **Referee 1** | **Referee 2** |
| Name:  |  |  |
| Job Title and Company: |  |  |
| Address: |  |  |
| Postcode: |  |  |
| Email: |  |  |
| Telephone: |  |  |
| In what capacity have you known this person? |  |  |

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| **Your Experience/Skills**Please demonstrate, with specific examples, how you meet **each** of the key competencies and skills as outlined in the job description/person specification. |
|  |
| **Reason for Applying**Please state why you think you are suitable for this post, and the reason why you are applying. |
|  |
| **Where did you see this post advertised?** |  |

|  |  |
| --- | --- |
| **Signature:** | **Date:** |

Please return your completed application to a.cairns@richmondshope.org.uk



**Equal Opportunities Monitoring Questionnaire (optional)**

Richmond’s Hope is an equal opportunities employer. When people apply for jobs with us, we ask them to fill in this form because it will help us to see of our Equality and Diversity Policy is working and if our advertisements are reaching all sections of the community. Any information you choose to provide will be kept in the strictest confidence for monitoring purposes only.

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| **Name:** |
| **Post Applied For:** |

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| **Gender: □ Male □ Female** |

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| **Age: □ 16-18 □ 19-30 □ 31-45 □ 46-60 □ Over 60** |

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| **Do you have a disability?** |
| **Learning: □ Yes □ No** | **Physical: □ Yes □ No** |
| **If yes, please tell us what your disability is.** |
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| **How would you describe your ethnic origin?** |
| **□ 1. Scottish** | **□ 2. UK**  | **□ 3. European** | **□ 4. Asian** |
| **□ 5. Chinese** | **□ 6. Indian** | **□ 7. Bangladeshi** | **□ 8. Pakistani** |
| **□ 9. African** | **□ 10. Other (please specify):** |

Thank you for your help in completing this form. Please note that this information and the accompanying form may be stored or processed for monitoring purposes and that you consent to that storing or processing in returning either form. This form will be securely destroyed within six months.