Application for Employment – Form A

Please complete in black ink or type and return Forms A & B to:

**NLDF**

**42 Civic Square**

**Motherwell**

**ML1 1TP or Email : lorraine@nldforum.org.uk**

Post Applied For:  **Senior Programme Officer**

**1. Personal Details**

Surname:

First name Initial:

N.I No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:

Postcode:

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (daytime)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (other)

**2. Education and Training (most recent first)**

|  |  |  |
| --- | --- | --- |
| **School/college/university** | **Dates** | **Qualifications gained** |
|  |  |  |

**3. Other Relevant Information (if applicable)**

**Software packages:**

**Other relevant skills or training:**

**Voluntary Experience**

**Current Full Driving Licence**  **YES**

 **NO**

**4. Work History (present or most recent employment first)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title****Summary of Duties** | **Employer** | **Dates** | **Salary** | **Reason for Leaving** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Period of Notice required?**

##  5. Supporting statement

Refer to the job description the person specification and detail below how your knowledge, skills and experience are directly related to this post.

Short listing will depend on how closely candidates meet these criteria.

**Please try to restrict to this one page, although additional sheets may be added if necessary**

**6. References**

One of these should be your present or most recent employer

Name:

Designation:

Address:

Postcode:

Telephone No.

Name:

Designation:

Address:

Postcode:

Telephone No.

May we contact referees prior to interview? **YES**

####  NO

Where did you learn of this vacancy?

**Declaration**

I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of any subsequent contract of employment and understand that any misleading statements or deliberate omissions may be sufficient grounds for cancelling any agreements made.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Application for Employment – Form B

In order to ensure the Project’s continued development of its declared equal opportunities policy, we would be grateful if you would take the time to complete the information below. Any information supplied will be treated in the strictest confidence and is by no means taken into account in assessing information about your suitability for the position.

**PLEASE NOTE THIS FORM WILL ALWAYS BE REMOVED PRIOR TO SHORTLISTING**

# Application for the post of:

Name:

Nationality/citizenship: British Other (specify) \_\_\_\_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would describe myself as (please tick appropriate box/es):

White British Indian

White Irish Pakistani

White (other-specify below) Bangladeshi

Black African Chinese

 Black Caribbean Black (other - specify below)

 Other (specify below)

Male Female

Do you require a permit to work in the UK? YES NO

If yes, please confirm Date of Expiry \_\_\_\_\_\_\_\_\_\_\_\_\_

Medical History

What is your general state of health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many days’ sick leave have you had in the last two years? \_\_\_\_\_\_\_\_\_\_\_

Are you a registered disabled person? YES NO

**Declaration**

I confirm that to the best of my knowledge, the information given on this form is true and correct and can be treated as part of any subsequent contract of employment and understand that any misleading statements or deliberate omissions may be sufficient grounds for cancelling any agreements made.

##### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_