



CONFIDENTIAL

APPLICATION FORM

COMPLETE IN BLACK INK & INCLUDE YOUR CV

Application for the post of _____

Surname

Forename

Address

.....

Postcode

Ethnicity

Email address:

Telephone Number: (Home)

(Mobile)

1. EDUCATION	DATES		EXAMINATIONS		
	FROM	TO	SUBJECTS	LEVEL	RESULTS PASS/FAIL
Schools attended since age 11. (Use another sheet if necessary.)					

2. FURTHER EDUCATION/RELEVANT TRAINING	DATES		EXAMINATIONS		
	FROM	TO	SUBJECTS	LEVEL	RESULTS PASS/FAIL
Name of Training Organisation/ College or University					

NB – Proof of qualifications will be required if appointed.

3. CURRENT OR MOST RECENT EMPLOYMENT

Present/latest employer

Name:

Address

.....

Job Title Annual Salary £

Main duties/responsibilities

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Type of Business

Starting date

Leaving date

Reason for leaving

.....

.....

.....

Notice required to terminate

4. OTHER EMPLOYMENT – Please list in order of most recent first.

EMPLOYER	DATES OF EMPLOYMENT	POST TITLE MAIN DUTIES	REASON FOR LEAVING

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5. REFERENCES

Name and addresses of two referees are required. Referees should be people who can comment on relevant experiences and one of whom should be your current or most recent employer. You can not appoint a referee that is related to you.

NAME

NAME

ADDRESS

ADDRESS

.....

.....

JOB TITLE

JOB TITLE

PHONE NUMBER

PHONE NUMBER

References will be taken up if you are shortlisted for interview. If you do not wish a referee to be contacted at this stage, then please enter 'X' in the relevant box.

6. OTHER INFORMATION

Please answer YES or NO. If you answer YES, please give details

Have you had any criminal convictions in the last five years?

YES/NO

Are there any criminal proceedings pending against you?

YES/NO

Details:

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7. Please indicate how you became aware of this vacancy.

8. Please state why you are applying for this position and why you believe you would be suitable for the post, giving details of relevant skills and experience with reference to the Person Specification included in your application. (Please use a continuation sheet if necessary).

8. DECLARATION (Any false statement may lead to dismissal if appointed.)

*I confirm that the information given on this form is, to the best of my knowledge, true and complete.

Signature ----- Date: _____

PLEASE NOTE

This application should be sealed in an envelope marked ‘Job Application Form’ and returned to
Rebecca Gebbie
Legacy Project Manager
Sheppey Matters
Sheppey Healthy Living Centre
Off The Broadway
Sheerness
Kent
ME12 1HH
Telephone: (01795)585335 or via Email; Office@sheppematters.org.uk

EQUAL OPPORTUNITIES

It is our policy to employ the best qualified personnel regardless of ethnic origin, national origin, disability, sex, marital status, or sexual orientation. Applicants are requested to provide the following information to enable us to monitor our Equal Opportunities Policy and other employment policies. This information will be treated as confidential.

TITLE: _____ SURNAME:

FIRST NAME(S):

Q: How do you describe your gender?

- Male
- Female
- Transgender
- Non-binary
- In another way:
- Prefer not to answer.

DATE OF BIRTH

NATIONAL INS NO

How would you describe your ethnic origin?

White British Irish Any other White background	<input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/>	Mixed ethnic background White and Black Caribbean White and Black African White and Asian Any other mixed background	<input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/>
Asian or Asian British Indian Pakistani Bangladeshi Any other Asian background	<input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/>	Black or Black British Caribbean African Any other Black background	<input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/>
Other ethnic background Chinese Any other ethnic background	<input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/> <input style="width: 100%; height: 100%;" type="checkbox"/>		

Do you need a work permit to work in the UK? Yes/No

Are you in good health? Yes/No

Please give brief details of any serious illness or injury

Please state the total number of days sickness you have had over the last 3 years

Do you have a disability which is relevant to your job application? If yes, please describe the disability.

Are you registered as disabled with the JobCentre? Yes/No

REHABILITATION OF OFFENDERS ACT 1974 Applicants for certain posts are not entitled to withhold information about convictions.

SIGNED: DATED

PLEASE NOTE THIS INFORMATION WILL BE TREATED IN CONFIDENCE AND IS INTENDED TO PREVENT DISCRIMINATION. SHORTLISTING WILL BE CARRIED OUT IN THE ABSENCE OF THIS PAGE.