

**FOR PRACTICE USE ONLY**

For Office use only. Post Ref:	Application Form Number:
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**APPLICATION FOR EMPLOYMENT**

Please read the Guidelines for Completing the Application Form before you start to fill in this form. Additional sheets should only be submitted if the Guidelines for Completing the Application Form state that they may be used. Your application form will be photocopied. You should therefore ensure that all sections are completed as legibly as possible in black ink and/or in typescript. Any typed sheets should be glued into the appropriate space. Pages 1 and 2 of this form will be removed prior to sifting of applications.

Application for the post of:	Post Ref:
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**Section A - Personal Details**

Family Name:	Forenames:
Title Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> (please specify)	
Address (including postcode):	
Home Telephone No.	Work Telephone No.
Mobile Telephone No.	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>
E-mail Address:	
National Insurance Number:	Place of birth:

Has any disciplinary action ever been taken against you? If YES, please provide details, together with the outcome.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Section B - The Asylum and Immigration Act**

(Please refer to the Guidelines for Applicants before completing this section)

Do you have or are you entitled to obtain a National Insurance Number?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>(If YES, please ensure that you have stated your National Insurance Number in Section A above)</i>		
If you answered NO to the above question, do you have the right to work in the UK?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section C – Source of Application**

Please indicate where you learned of this vacancy

**Section D - The Rehabilitation of Offenders Act**

Please read the guidelines on the Rehabilitation of Offenders Act. You must answer the following questions below.

Have you been convicted of a criminal offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have any criminal charges or summonses pending against you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If YES to either question – you <u>must</u> provide details, if applicable, of the type(s) of offence(s), dates(s), sentences(s), fines(s) imposed.

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Information issued with this form will indicate if the post for which you are applying is exempt from the Rehabilitation of Offenders Act 1974 (Exemptions Order 1975). If it is you must declare any pending prosecutions or convictions you may have, even if they would otherwise be regarded as "spent" under the Act. You must also declare any cautions or bind overs.

**N.B.** if the post for which you are applying provides substantial access to children your appointment will be subject to rigorous vetting processes including an Enhanced Disclosure by the Criminal Records Bureau and other relevant bodies.

## Section E – Equal Opportunities Monitoring

### Please refer to the Guidelines for Applicants

Our organisation is committed to providing equality of opportunity to all. Decisions regarding suitability for any post advertised will only be made with reference to the skills, aptitudes and personal characteristics which are required for the effective performance of the job. Applications are welcomed from eligible candidates irrespective of their gender; race; ethnic origin; disability; age; nationality; national origin; sexuality; religion; and marital status.

In order to ensure the effectiveness of our policy we ask you to complete the following information. It will not be possible to identify individuals from the summary statistics reported. Pages 1 and 2 of the application form are removed prior to sifting and so this information is not seen by the managers involved in sifting applications.

Please show which group best describes you by ticking only one of the boxes in each section below.

<b>AGE CATEGORY:</b>	16-21 <input type="checkbox"/>	22-35 <input type="checkbox"/>	36-49 <input type="checkbox"/>	50-59 <input type="checkbox"/>	60+ <input type="checkbox"/>
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<b>GENDER</b>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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<b>DISABILITY</b> The Disability Discrimination Act 1995 defines a disabled person as anyone who has, or has had, a physical or mental impairment which has a substantial and long term effect on their ability to carry out normal day-to day activities.  Taking the above definition into account, do you consider yourself to be disabled?      Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please give details
Please indicate below any arrangements which would facilitate a more comfortable interview if you are shortlisted

<b>ETHNIC ORIGIN:</b> Your ethnic origin is not necessarily your nationality, place of birth or citizenship but refers to your colour and broad ethnic group. The categories are as recommended by the Commission for Racial Equality.					
<b>Asian or Asian British</b>	<input type="checkbox"/>	<b>Black or Black British</b>	<input type="checkbox"/>	<b>Mixed</b>	<input type="checkbox"/>
Indian	<input type="checkbox"/>	Caribbean	<input type="checkbox"/>	White and Black Caribbean	<input type="checkbox"/>
Pakistani	<input type="checkbox"/>	African	<input type="checkbox"/>	White and Black African	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Other black background (please specify)	<input type="checkbox"/>	White and Asian	<input type="checkbox"/>
Other Asian background (please specify)	<input type="checkbox"/>			Other mixed background (please specify)	<input type="checkbox"/>
<b>White</b>	<input type="checkbox"/>	<b>Chinese or Other Ethnic Group</b>	<input type="checkbox"/>		
British	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Irish	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		
Other White background (please specify)	<input type="checkbox"/>				

## Section F – Declaration

*In submitting this application electronically, I declare that all of the information given in application for this post is true and complete. I understand that if it is subsequently discovered that any particulars I have given are false or misleading, I may be regarded as ineligible for recruitment or liable to be dismissed.*

*I understand that details contained on this application form may be held on computer or form the basis of manual records. In applying for this post I understand and agree that data contained on this form may be used for registered purposes under the Data Protection Act 1998 and will not be passed to other organisations without my prior consent.*

**Enter your name:**

**Date:**

**FOR PRACTICE USE ONLY**

Lee House, 90 Great Bridgewater Street, Manchester, M1 5JW. Tel: 0161 228 1101 Fax: 0161 245 4910

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**Section G – Education & Training**

**a) Secondary education, further and/or higher education**

Dates of Course		School/College/University attended (most recent first)	Qualification and subjects	Level	Grade
From	To				
Mth Yr	Mth Yr				

**b) Qualification(s) currently being undertaken**

Dates of Course		Institution/Provider	Subject	Level
From	To			
Mth Yr	Mth Yr			

**c) Relevant training and non-qualification courses attended**

Dates of Course		Courses
From	To	
Mth Yr	Mth Yr	

**d) Professional Qualification(s)**

Dates of Course		Institution/Professional Body	Subject	Level
From	To			
Mth Yr	Mth Yr			

**Section H – Current/Most Recent Employment**

Job Title	Current/Leaving Salary
Date Started	Notice Required or Date Your Employment Ended
Name of Employer	Nature of Employer's Business
Reason for leaving or why you wish to leave	
Please summarise your duties and responsibilities, and highlight the skills that you employ when performing this job.	

**Section I – Previous Employment**

Please detail all past employment and voluntary work starting with the position previous to that described on page 4, indicating whether the post was full-time or part-time. You must not leave any gaps in the chronology, therefore you should also indicate periods of unemployment; career breaks etc.

Dates		Name and address of employer, and nature of their business.	Your job title and indication if full/part-time post.	Final salary	Reason for Leaving
From	To				
Mth Yr	Mth Yr				

**Section J - Supporting Statement**

Please say why you are applying for this post and why you are interested in working with Careers Solutions. You should also state why you feel you are suitable for the position, highlighting any experience, knowledge, skills or achievements which you consider to be relevant to this application. It may be helpful to refer to the requirements of the job as detailed in the advertisement; job description; and/or person specification.

**Section K – Continuation Sheet**

You may use this page to continue any of the previous sections. You should mark each section clearly.

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**Section L – Safer Recruitment & Selection**

Have there ever been any allegations of abuse, malpractice or professional misconduct made against you? If YES, please provide details, together with the outcome.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there ever been allegations of harassment made against you? If YES, please provide details, together with the outcome.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section M – Other Information**

Please indicate the number of days you have been absent from work through illness during your last 2 years of employment, and the reasons for these absences.

Do you hold a current driving licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have your own transport?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Section N – References**

Please give the name, address and telephone number of TWO referees. One of these must be your current or most recent employer, or if you have not been employed, a referee related to relevant voluntary or community work, or your head teacher or lecturer/tutor from your last school, college, or university. Personal references are not acceptable. It is our practice to request details from all referees prior to interview. If this would cause any difficulties, please contact us to discuss further.

Name	Name
Job Title	Job Title
Working Relationship	Working Relationship
Organisation	Organisation
Address	Address
Postcode	Postcode
Tel. No.	Tel. No.
Fax No.	Fax No.

	For Office Use Only: Post Reference:	App Form No.
Panellist 1.		
Panellist 2.		
Panellist 3.		