Application Form

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname: | **Mr** –Mrs –Miss -Ms | | | ………………………………………………. | | | | | |
| First Names: | | ………………………………………………………………….. | | | | | | | |
| Address: | | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | | |
| Post Code: | | ……………………. | | | |
| Home Telephone Number: | | | | | ……………………………………………… | | | | |
| Mobile Telephone Number: | | | | | ……………………………………………… | | | | |
| 1st Emergency Telephone Number | | | | | ……………………………………………… | | | | |
| 2nd Emergency Telephone Number | | | | | ……………………………………………… | | | | |
| National Insurance Number: | | | | | ………………………………………………. | | | | |
| Date of Birth: | | | | | ………………………………………………. | | | | |
| Driving Licence Number & Type: | | | | | …………………… | | | **FULL** | **Provisional** |
| Convictions: | | | | | ……………………………………………… | | | | |
| School | | | | |  | | | | |
| Previous Employment | | | | |  | | | | |
| Previous Employment | | | | |  | | | | |
| Previous Employment | | | | |  | | | | |
| Next of Kin: | | | | | ……………………………………………… | | | | |
| Allergies or Serious Conditions: ( Write NONE if none) | | | | | | |
| ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………………………………………………………………… | | | | | | | | | |
| Doctors Name: | | | | …………………………………………..…….. | | | | | |
| Doctors Telephone Number: | | | | …………………………………………….…… | | | | | |
| Bank/Building Society: | | | | …………………………………………………. | | | | | |
| Address: | | | | …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | |
| Sort Code: | | | | ………………………………………………… | | | | | |
| Account Number: | | | | …………………………………………………. | | | | | |
| Account Name: | | | | …………………………………………………. | | | | | |
| Date Commenced Employment: | | | | …………………………………………………. | | | | | |
| Salary when Started: | | | | …………………………………………………. | | | | | |
| Date Employment Ceased: | | | | …………………………………………………. | | | | | |
| Salary on Leaving: | | | | ………………………………………………… | | | | | |
| Reason for Leaving: | | | ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………. | | | | | | |
| Other Information: | | | ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | | | | | |

## Equal Opportunities Monitoring

We are an Equal Opportunity employer. The aim of our policy is to ensure that no job applicant or employee receives less favourable treatment on the grounds of colour, race, ethnic or national origin, religious belief, political opinion or affiliation, sex, marital status, sexual orientation, gender reassignment, age or disability, or is disadvantaged by conditions or requirements which cannot be shown justifiable.

Our selection criteria and procedures are frequently reviewed to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

All employees are given equal opportunity and are encouraged to progress within the organisation.

We are committed to an ongoing programme of action to make this policy fully effective. To ensure this policy is fully and fairly implemented and monitored, and for no other reason, would you please provide the following information;

I would describe my ethnic group and sex as:- (please use one tick box for your ethnic group and one for your sex

1. **White**

* English
* Welsh
* Scottish
* Irish
* Other (please specify) ……………………………………………………………………………………………............

1. **Mixed**

* White & Black Caribbean
* White & Asian
* White & Black African
* Other Mixed Background (please specify) …………………………………………………………………………………………………….

1. **Asian, Asian British, Asian English, Asian Scottish or Asian Welsh**

* Indian
* Bangladeshi
* Pakistani
* Any other Asian Background (please specify) ……………………………………………………………………………………………………

1. **Black, Black British, Black English, Black Scottish or Black Welsh**

* Caribbean
* African
* Any other Black Background (please specify) ……………………………………………………………………………………

1. **Chinese, Chinese British, Chinese English, Chinese Scottish or Chinese Welsh**

* Chinese
* Any other background (please specify) ……………………………………………………………………………………

1. **Sex**

* Male
* Female

**Name** (Block Capitals)**:** ………………………………

**Signed:** …………………………………………..

**Date:** ……………………………………………...

**Job Title:** ………………………………………….