



Working with and for people with a learning disability and their families

Application for Employment

ALL APPLICANTS WILL BE SUBJECT TO CRIMINAL RECORDS BUREAU CHECK

Please complete in black ink or type

IN CONFIDENCE

Position Applied for: Closing Date:

PERSONAL DETAILS

Mr Mrs Ms Miss Dr

Surname

Forename

Address

Postcode

Telephone No. (home) Telephone No. (work)

Mobile Number E-mail

Do you possess a valid & current driving licence? Yes No
Do you have use of a car Yes No **Please include with your application details of any endorsements**

If you were offered the job when would you be able to start?

REFERENCES

Please give the names, full addresses, and telephone numbers of two referees, one of whom must be your present or most recent employer. We are unable to accept references from friends or relatives.

Name Name

Job Title Job Title

Address Address

Tel. No. Tel. No.

Fax No. Fax No.

E-mail E-mail

Relationship to applicant Relationship to applicant

May we approach the above, prior to interview? Yes No

May we approach the above, prior to interview? Yes No

EDUCATION TRAINING AND QUALIFICATIONS

Secondary Education

Place of education	From	To	Subject	Education Results		
				Level	Grade	Date

Further Education

Place of education	From	To	Subject	Education Results		
				Level	Grade	Date

Training

please include any short course or relevant in-service training

From	To	Training Provider	Course/Subject	Qualifications

CURRENT OR MOST RECENT EMPLOYMENT

Name, full address and telephone number of present or most recent employer

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Job Title

--

From

To

Notice Period

Salary

--

--

--

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Reason for leaving

--

Description of duties

--

Main areas of responsibility

--

EMPLOYMENT HISTORY (PAID and VOLUNTARY)

Please give career history including any periods of voluntary/unpaid work and reasons for any gaps in employment. Start with the most recent first.

From	To	Name & address of employer and nature of business	Position Held	Duties and Responsibilities

ADDITIONAL INFORMATION

Drawing on your experiences/skills/abilities and qualifications, please demonstrate how you meet the Person Specification and explain what makes you suitable for this position. Address each criterion in turn. Include details of any relevant unpaid or voluntary work. Continue on a separate sheet if necessary.

Number of pages attached for additional information

REHABILITATION OF OFFENDERS ACT 1974

Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act (Exceptions) Order 1975. Applicants are, therefore, not entitled to withhold information about convictions, which, for other purposes, are 'spent' under the provisions of the Act, and in the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by the Organisation. Any information given will be completely confidential and will be considered only in relation to posts to which the order applies.

Do you have any convictions to disclose? If YES, please give details:

Are there any proceedings currently being investigated against you? If YES, please give details:

HEALTH

Do you have any health issues that may affect your work? If YES, please give details:

Please state the number of days sick leave you have had in the past two years:

CITIZENSHIP

If you are not a British Citizen or European Community National, is there any restriction placed on the length of time that you may stay in the United Kingdom?

Yes No

Do you require a work permit? Yes No N/A

If you answer yes to either question please specify. give details on a separate sheet and attach it to your application

DECLARATION

I understand that all appointments are subject satisfactory references.

If successful, I agree to an Enhanced Criminal Records Bureau check.

I certify that the information contained in the application is correct and understand that failure to disclose any information could result in termination of my contract, should I be successful in this application.

Signature

Date

Please return this form to:

**The Chair, Greenwich Mencap
The Forum @ Greenwich
Trafalgar Road, Greenwich, SE10 9EQ**

Equal Opportunities Monitoring

Please complete in black ink or type

In order to ensure that recruitment opportunities exist for the community as a whole, we would be grateful if you could complete the following questionnaire. The information you give will provide us with valuable statistics for our recruitment programme and enable us to monitor and evaluate our Equal Opportunities Policy.

GENDER

Male: Female

AGE

Under 21 21 - 25 26 - 30 31 - 40
 41 - 50 51 - 60 61 +

ETHNIC ORIGIN: Please tick the category that you feel best describes your ethnic origin:

WHITE

British
 Irish
 Any Other White Background

BLACK OR BLACK BRITISH

Caribbean
 African
 Any Other Black Background

MIXED

White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed Background

ASIAN OR ASIAN BRITISH

Indian
 Pakistani
 Bangladeshi
 Any Other Asian Background

OTHER ETHNIC GROUPS

Chinese
 Any Other Ethnic Groups
 Not Stated

DISABILITY

Do you have a disability that you wish to tell us about?

Yes

No

N/A

Please use this space for any comments:

If you have a disability would you require any adaptations in order to assist with the interview process, if you are short listed? Please give details:

If you have a disability would you need other adaptations in order to help carry out work as described in the job description? Please give details:

DISCLOSURE OF INFORMATION

Are you related to a Director of the Management Committee or a senior employee of this organisation?

Yes

No

RECRUITMENT PUBLICITY

From what source did you learn about this vacancy?

What did you think about the quality of the recruitment information you received?

Excellent

Good

Fair

No comment

Please use the space for any comments: