



Post applied for:

Where did you see this post advertised?

I. Personal Details

Surname: First name:

Title:

Address:

Telephone:
 Day: Evening:

May we contact you at work? Yes No

E-mail:

Do you hold a full UK Driving Licence? Yes No

Would you have the use of a car for work? Yes No
 Have you any valid endorsements? Yes No

Have you ever been refused motor insurance?
 Yes No

2. Employment

If this is going to be your first job after leaving school or college, you may like to give details of any holiday, weekend, evening jobs or work experience placements.

CURRENT/MOST RECENT EMPLOYER

Employer's name/department:

Address:

Post held: Date appointed:

Salary: Grade (if applicable):

Other allowances: Notice period or date left:

Please list your main responsibilities and achievements in this post:

PREVIOUS EMPLOYMENT (most recent first)

Dates		Employer's name and type of business	Position held and key responsibilities
From	To		

3. Examinations and qualifications

List examinations passed with dates and grades obtained. Non-British qualifications must be clearly described to enable equivalence to be established. You should give the full title of each certificate and if not taken in Britain, please state the country of origin.

Date	Title of qualification and subject(s) studied	Grade

List any vocational training and courses attended

Date	Title of course	Further details

Are you currently undertaking or planning to undertake any training? Please give details and dates

Date	Title of course	Further details

4. Experience and skills

Please use this space to explain to us about your experience and skills particularly with reference to the Job Description and Person Specification.

Please make sure that you include the reasons why you are applying for the post, details of any relevant experience gained either at work or in a voluntary capacity, and details of any other interests relevant to the post.

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5. Significant achievements

Please list any significant achievements at, or outside, work.

6. General information

Date of birth:

Do you know of any medical condition which you have and which may affect your ability to carry out the duties and responsibilities for the post you are applying for? Yes No

Have you had an illness, injury or operation in the last 12 months causing you to be absent from work or college for 2 weeks or more? Yes No If yes, please give details

Do you have any private business commitment or other current job that you would intend to continue if appointed? Yes No If yes, please give details

Have you been convicted of a criminal offence spent or unspent, been cautioned or reprimanded or have a current case pending? Yes No

Please note that any applicant appointed will be subject to reference, a Criminal Enhanced Disclosure, POVA, POCAL, and medical checks, due to the nature of the role and its support of vulnerable people.

Canvassing in any form may disqualify you from employment. If you have a direct relationship with a board member or senior manager of Cherchefelle Housing Association please state their name(s):

Are you eligible to work in the UK? Yes No N.I. No:
(Please see Appendix 1)

7. References

Please give details below of two people who can provide information that will confirm your suitability for this post. Where appropriate, **one should be your current or most recent employer plus a previous employer.** References may be taken up before interview: please indicate whether this is acceptable by ticking the relevant box.

Name:

Address:

Daytime tel. no:

May we contact this referee without further reference to you?: Yes No

Name:

Address:

Daytime tel. no:

May we contact this referee without further reference to you?: Yes No

8. Declaration

I certify that the information given on this form is correct to the best of my knowledge. If I am appointed, I understand information from this form may be computerised for personnel/employee administration purposes in accordance with the Data Protection Act 1998.

Signed:

Date:

APPENDIX I

(A) Asylum & Immigration Act 1997

To comply with this legislation, if offered a contract of employment with Cherchefelle Housing Association, you will have to provide evidence of your right to work in the European Union.

Do you have the right to work in the European Union? Yes No

Where applicable, we will need to see the originals of the following documentation:-

GROUP 1:

- UK Passport
- EU Passport
- EU ID Card
- Passport containing a certificate of entitlement issued by, or on behalf of, the Government of the UK certifying that the holder has the right of abode in the UK, or a UK Residence Permit, or a Home Office certificate of right of residence in the UK or a Registration card indicating entitlement to employment in the UK.

OR

GROUP 2:

Any one of

- P45/P60 Statement (UK)
- National Insurance Card
- A document from Central/Local Government/Government Agency/Local Authority giving entitlement (UK)

PLUS one of the following

- Birth Certificate UK or issued in the Channel Islands or Isle of Man or Ireland
- A certificate of registration or naturalisation as a British Citizen
- Home Office grant of indefinite leave to enter or remain in the UK
- A Home Office Immigration status document endorsed with a UK residence permit
- A Home Office letter granting leave to enter or remain in the UK
- An Immigration status document issued by the Home Office endorsed with a UK residence permit

OR

- A work permit or other approval to take employment issued by Work Permits UK
- and
- A passport or other travel document endorsed to show that the holder has current leave to enter or remain in the UK and is permitted to take the work permit employment in question
- or
- A letter issued by the Home Office to the holder confirming the same.

All documents must be in your current name and originals.

(B) All prospective Employees are required to declare prior abuse convictions and whether they have been or ever have been the subject of any investigation or enquiry into abuse or other inappropriate behaviour.

Have you ever been the subject of any investigation or enquiry into abuse or other inappropriate behaviour? Yes No

If yes, please provide details

Monitoring and Evaluation Information

Cherchefelle Housing Association is committed to equal opportunities. To monitor the success of the equal opportunities policy, we ask all candidates to fill in the following information. It will be separated from your application form during the selection process, to ensure that your answers will not affect your job application in any way. All information will be treated confidentially.

POST APPLIED FOR:

I. What is your Ethnic Background? Choose one section from A to E, then tick the appropriate box to indicate your cultural background.	
A White <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other white background (please specify).....	B Mixed <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed background (please specify).....
C Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Any other Asian background (please specify).....	D Black or Black British <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other black background (please specify).....
E Chinese or other ethnic group <input type="checkbox"/> Chinese <input type="checkbox"/> Any other (please specify).....	2. Are You? <input type="checkbox"/> Female <input type="checkbox"/> Male Do you identify yourself as transgender? Yes/No
3. Which sexual orientation do you identify with? <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay Man <input type="checkbox"/> Gay Woman/Lesbian <input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to say	4. Faith? <input type="checkbox"/> None <input type="checkbox"/> Buddhist <input type="checkbox"/> Christian <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Sikh <input type="checkbox"/> Other (please specify).....
5. Do you consider yourself to have a disability? Yes/No If yes please indicate the type of impairment/s <input type="checkbox"/> Physical or mobility issues <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Deaf or hearing Impairment <input type="checkbox"/> Mental Health condition <input type="checkbox"/> Learning Disability <input type="checkbox"/> Long standing illness or condition such as cancer, HIV, diabetes, chronic heart disease or epilepsy. <input type="checkbox"/> Other (please write in).....	6. Which age category are you in? <input type="checkbox"/> 16-25 <input type="checkbox"/> 26-35 <input type="checkbox"/> 36-45 <input type="checkbox"/> 46-55 <input type="checkbox"/> 56-75 <input type="checkbox"/> 75+