

APPLICATION FOR EMPLOYMENT



PRIVATE & CONFIDENTIAL

Return this form to:

Age UK Barnsley
36a Queens Road
Barnsley
South Yorkshire
S71 1AR

Email: recruitment@ageukbarnsley.org.uk

POSITION APPLIED FOR :	
Ref No:	

PERSONAL DETAILS			
Title:		Education:	Qualification(s):
Surname:			
Forename(s):			
Address:			
Postcode:			
Email Address:			
Tel Numbers: (Home)		Other Relevant Training:	Are there any restrictions on you taking up work in the UK? Yes/No (If yes please provide details)
(Mobile)			
NI Number:			
Current Driving Licence: Expiry: Groups:	Y/N		

OTHER EMPLOYMENT

Please note any other employment you would continue with if you were to be successful in obtaining this position.

LEISURE

Please note here your leisure interests, sports and hobbies, or other pastimes, etc.

EMPLOYMENT HISTORY

(Please complete in full, starting with your most recent employment and give reasons for any gaps in employment)

Name & Address of employer	Job Title & Duties	Date of employment to/from Month/Year	Salary on leaving	Reason for leaving

OTHER INFORMATION

Please detail how your knowledge, skills and experiences meet the requirements of this role, (as summarised in the person specification).

REFERENCES

Please provide details of two referees who can provide information relating to your competency in a caring role, one of whom must be your present or most recent employer. If you are a student, please give an academic referee. If you are applying for a post which requires unsupervised access to children/vulnerable adults, we reserve the right to approach any past employer for a reference.

Name:		Name:	
Position:		Position:	
Organisation :		Organisation :	
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Tel No:	
May we approach the above prior to interview? Yes/No		May we approach the above prior to interview? Yes/No	

CAUTIONS, REHABILITATION AND CRIMINAL RECORDS

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 Exceptions Order 1975 as amended by the Exceptions (Amendment) Order 1986, which means that convictions that are spent under the terms of the Rehabilitation of Offenders Act 1974 **must be disclosed**, and will be taken into account in deciding whether to make an appointment. Any information will be completely confidential and will be considered only in relation to this application.

In addition, you **may be** required to submit to a Disclosure Barring Service check. Any standard or enhanced disclosure made by the DBS/SCRO will remain strictly confidential.

Have you ever been convicted in a Court of Law and/or cautioned in respect of any offence? YES/NO (delete as required)

If YES, please give details

SPECIAL REQUIREMENTS (working with children/vulnerable adults)

Because this position may involve working with children and/or vulnerable adults employment is dependent on the following:

- 1) Your written consent for Age UK Barnsley to obtain a standard/enhanced disclosure certificate from the Disclosure & Barring Service or an approved umbrella body.
- 2) Such disclosure being acceptable to us.
- 3) Proof of identity – birth or marriage certificate (where appropriate) and passport (if available).
- 4) Two satisfactory written references.

DECLARATION (Please read carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor. I agree that the organisation reserves the right to require me to undergo a medical examination. In addition, I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that my previous employers may be approached for references. I also agree that should I be successful in this application, Age UK Barnsley, if required, may apply to the Disclosure & Barring Service for a standard or enhanced (as appropriate) disclosure. I understand that should the disclosure or reference not be satisfactory, any offer of employment may be withdrawn or my employment terminated.

Signed:

Date:

AGE UK BARNSLEY

Equalities & Diversity Monitoring Questionnaire

Confidential

Monitoring the diversity of our applicants and staff is an essential part of Age UK Barnsley's commitment to Equalities and Diversity. Please complete this form and return it with your application form. It is entirely confidential and will not be made available to those involved in short listing or the selection process, or for any other purpose other than monitoring and statistical reporting.

1. Date Of Birth:

2. Gender:

3. Ethnicity: Please tick the most appropriate box below to describe your ethnic origin. *(This question helps us to identify the ethnic diversity of those applying for vacancies within the organisation. The classifications are those used in the 2001 census and are recommended by the Commission for Racial Equality).*

WHITE:

British
Irish
Other White

MIXED:

White and Black Caribbean
White and Black African
White and Asian
Other Mixed

ASIAN OR ASIAN BRITISH

Indian
Pakistani
Bangladeshi
Other Asian

BLACK OR BLACK BRITISH

Black Caribbean
Black African
Other Black

CHINESE OR OTHER ETHNIC GROUP

Chinese
Other Ethnic Group

4. **Do you consider yourself to have a disability?** *(Age UK Barnsley is committed to ensuring that people with disabilities are supported and encouraged to apply for employment with Age UK Barnsley and to achieve progress in that employment. This question helps us to assess our success in achieving this aim).*

Yes/No

If you wish to provide any additional details, please do so below:

NB. The Disability Discrimination Act 1995 defines a disability as: "a physical or mental impairment which has a substantial and long-term (lasting more than 12 months) adverse effect on your day-to-day living.

5. **If you wish you may disclose information about yourself in this section:** Religion:
Sexual Orientation:

6. **Is there anyone who relies on you for day-to-day care and attention?** *(This question is recommended by the Equal opportunities Commission and will help us to review our flexible working policies)*
Yes/No

If **Yes** are they: a) Children
b) A family member/partner

This information will be used solely by the HR Department for monitoring purposes and will be treated as confidential.

Thank you for your co-operation

Registered Charity Number 1144123