

Application form for employment

Important: PLEASE WRITE CLEARLY IN BLACK INK

Do you consider yourself to have a disability? Yes No

If you are prevented by disability from completing this form, an application will be accepted which has been completed on behalf of yourself or in oral form on audio cassette.

POST INFORMATION

Post applied for: _____ Ref: _____

Location: _____ Where advertised?: _____

Have you ever applied for a post with Abbeyfield before? Yes No

Have you been employed by Abbeyfield before? Yes No

If Yes, please give details? _____

PERSONAL DETAILS

Surname _____ Title (Mr/Mrs/Miss/Ms/Dr) _____

First Names _____

Home Address _____

Postcode _____

Telephone no.(home) _____ Daytime (if convenient) _____

Mobile no. _____

Do you possess a current, clean driving licence? Yes No

Please give details of any penalty points and reason. _____

REFERENCES

Please provide us with details of 3 referees below. If you do not wish any reference to be sought until you give permission, please enter X in the relevant box.

Present/Last Employer

Name	Address	Occupation	Tel no.

Previous Employer

Name	Address	Occupation	Tel no.

Personal reference

Name	Address	Occupation	Tel no.

CONVICTIONS

Please enter below details of conviction for any offences or formal cautions by police for any offence or any bind-overs imposed by any court. You must include spent convictions under the Rehabilitation of Offenders Act 1974.

Have you ever had any cautions/convictions? Yes No

Date of offence/offences. Give details.

Result

Abbeyfield carries out Criminal Records Bureau (CRB) checks on all successful candidates.

DECLARATION

I hereby declare that I have answered all questions fully and truthfully and understand that false or misleading information will lead to my disqualification. Under the Data Protection Act 1998 I understand that personal information about me may be held on or verified by computer for personnel/employee administration purposes including analysis for management purposes and statutory returns.

Candidate signature

Date

HEALTH

The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring. This section will be detached from the application form before the shortlisting and interview process begins.

PLEASE TICK THE APPROPRIATE BOXES

Do you suffer from any illness which may affect your work? Yes No
If Yes, please give details

Are you presently receiving any medical or specialist treatment? Yes No

If Yes, please give details

How many days have you lost through sickness absence in the last two years?

OFFICE USE ONLY

DIVERSITY & EQUALITY STATEMENT

Abbeyfield is committed to an Equal Opportunities Policy in employment and will assess for jobs without regard to gender, age, race, colour, disability, sexual orientation, nationality, ethnic or national origin or marital status.

Please fill in this form as fully as possible so that we can monitor the implementation of our Equal Opportunities Policy.

The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring. This section will be detached from the application form before the shortlisting and interview process begins.

PLEASE TICK THE APPROPRIATE BOXES

I am

Male Female

Marital Status

Married/Civil Partnership Other

I would describe my ethnic origin as

White

British Irish Any other white 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

Black or Black British

Caribbean African Any other Black background

Chinese

Other Ethnic group

Any other Ethnic group please state

Religious belief (Optional)

Christian Buddhist Hindu Jewish
Muslim Sikh Other No religion

OFFICE USE ONLY

Return to:

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