*At Aston-Mansfield, we are committed to maintaining the trust and confidence of our staff and volunteers. We want you to know that Aston-Mansfield is not in the business of selling, renting or trading personal data with other companies or businesses for marketing purposes.* *You can request to see our Privacy Policy, where we have provided information on when and why we collect your personal information, how we use it, the limited conditions under which we may disclose it to others and how we keep it secure.*

CURRENT EMPLOYMENT STATUS

*Please tick one*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | Employed  | [ ]  | Unemployed  | [ ]  | Student | [ ]  | Volunteer | [ ]  | Trainee |

PRESENT (OR MOST RECENT) EMPLOYMENT

|  |  |
| --- | --- |
| Job Title:  |  |
| Date of appointment: |  |
| Name of company/organisation: |  |
| Address |  |
|  |  |
|  |  |
|  |  |
| Salary/wages: | £ |  |  |

|  |
| --- |
| Please describe your main duties  |
|  |

|  |  |
| --- | --- |
| Date left (if applicable): |  |
| Reason for leaving: |  |

|  |  |
| --- | --- |
| If appointed, when could you commence work? |   |

|  |  |  |
| --- | --- | --- |
| How many days have you been absent from work in the past year? |  | Day |
| Please explain reasons for absence: |  |

**PLEASE LIST PREVIOUS WORK EXPERIENCE INCLUDING VOLUNTARY WORK.**

|  |  |  |
| --- | --- | --- |
| **DATES** | **EMPLOYER / ORGANISATION** | **JOB / MAIN DUTIES** |
|  |  |  |
|  |  |  |
|  |  |   |
|  |  |   |
|  |  |   |
|  |  |   |

MEDICAL HISTORY

|  |
| --- |
| Please give details of any illness or medical condition which may affect the job: |
|  |

**PERMISSION TO WORK**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require a work permit to take up employment in the UK? | [ ]  | Yes | [ ]  | No |
| If so, do you have work permit? | [ ]  | Yes | [ ]  | No |

EDUCATION, QUALIFICATIONS, SKILLS, TRAINING

Please give details of secondary, further and higher education and qualifications obtained.

|  |  |  |
| --- | --- | --- |
| **DATES** | **PLACE OF STUDY & COURSE TITLE** | **QUALIFICATIONS** |
|  |  |  |
|  |  |  |
|  |  |  |

PROFESSIONAL MEMBERSHIP

|  |  |
| --- | --- |
| Please state if you are a member of a professional association |  |
|  |  |

**REHABILITATION OF OFFENDERS ACT 1974**

*This post is exempt from the requirements of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975* *as amended by the ROA 1974 (Exceptions) Amendment Order 1986. Those working with children or with access to vulnerable children or adults are require to apply to the Disclosure and Barring Service for a check*

REFEREES

Please give the name and address of two referees who know you well and can provide current information about your suitability for this post. One referee must be your present (or most recent) employer. If you have not worked before, or have been away from work for some time, a college or training referee would be appropriate.

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Name |  |
| Position |  | Position |  |
| Company |  | Company |  |
| Address |  | Address |  |
| Tel number |  | Tel number |  |
| Email |  | Email |  |
| Capacity in which you know this person: | Capacity in which you know this person: |  | 407 St John Street, London  |
|  |  |  | EC1V 4AD |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do we have your permission to approach your employer before interview? | [ ]  | Yes | [ ]  | No |

SUPPORTING STATEMENT

*Please describe the skills and experience which will enable you to fulfil the duties of this post and meet the requirements of the person specification. Use a continuation sheet if necessary.*

Providing any misleading or false information, or canvassing managers of the company will disqualify you from appointment, or, if appointed, will render you liable to dismissal without notice.

NAME:

EMAIL ADDRESS:

DAY TIME PHONE NUMBER:

EVENING PHONE NUMBER:

DECLARATION

I hereby declare that I have understood and complied with the requirement laid down in the above paragraph, and I agree that the information given on this form may be used for registered purposes under the Data Protection Act

|  |  |
| --- | --- |
| Signature of applicant: |  |
| Date:  |  |

**PLEASE RETURN TO:**

Sudesh.leal@aston-mansfield.org.uk by 5th August 2019