Application for Employment

Please complete all sections in black ink or type to aid photocopying.

**PERSONAL DETAILS** Applicant no. (office use only):

This page will be detached and kept separately from the rest of your application (which will be identified by the Applicant Number) to ensure that the short-listing process is as equitable as possible.

|  |
| --- |
| **Position Applied for:**  |
| **Title (e.g. Mr, Mrs):**  | **Full name:**  |
| **Address:**  |
| **Daytime telephone number:** **Mobile telephone number:**  |
| **E-mail address:**   |
| **Date of birth:**   |
| **National Insurance Number:**   |
|  |
| **Are you related to or do you have a close relationship with a member of Brent Carers Centre Board of Trustee or an employee of Brent Carers Centre?** |
| **Yes 🞏** | **No 🞏** |
| **If yes, please provide details:** |
| **Name:** | **Relationship:** | **Role/Position:** |

**EDUCATION** Applicant no. (office use only):

|  |  |  |  |
| --- | --- | --- | --- |
| **Secondary Schools Attended** | **From** | **To** | **Qualifications gained (including NVQ) with grades** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **University/College** | **From** | **To** | **Qualifications gained** |
|  |  |  |  |

**FURTHER TRAINING** Applicant no. (office use only):

Please detail any work-related or further training you have received that is relevant to your application.

|  |  |  |
| --- | --- | --- |
| **Course title** | **Date** | **Qualification (if appropriate)** |
|  |  |  |

**MEMBERSHIP OF PROFESSIONAL BODIES** Applicant no. (office use only):

Please note any relevant professional bodies of which you are a member:

**PRESENT OR MOST RECENT EMPLOYMENT**

|  |  |
| --- | --- |
| **Job title:**  | **Salary:**  |
| **Brief description of duties:**  |
| **From/To:**   | **Notice period:**  |
|  **Reason for leaving:**   |
| **Name and address of employer:**  |

**PREVIOUS EMPLOYMENT** Applicant no. (office use only):

Please give reasons for any gaps in your employment history and include any work done in a voluntary capacity. Please note your most recent post first.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name & address of employer** | **Job title and main duties** | **From/****To** | **Reason for leaving** | **Final salary** |
|  |  |  |  |  |

Continue on a separate sheet if necessary

**REFERENCES**

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Please provide details of two referees

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Telephone no.** |
| **REFERENCE 1** |
|  |  |  |
| **REFERENCE 2** |
|  |  |  |

**FURTHER INFORMATION**

Please say how your skills, knowledge and previous experience, whether paid or unpaid, are relevant to this post and how they meet the criteria listed on the Person Specification. You should refer to the Person Specification and guidance notes when completing this section. Continue on a separate sheet if necessary using no more than 1500 words.

|  |
| --- |
|   |

**PLEASE TELL US WHERE YOU HEARD ABOUT THIS VACANCY:**

**REHABILITATION OF OFFENDERS**

The Rehabilitation of Offenders Act 1974 gives individuals the right not to disclose details of old offences as they are deemed to be ‘spent’. However, for some jobs employers are allowed to ask about these offences. Please note that it is not necessarily a bar to recruitment.

The work that Brent Carers undertakes involves considerable exposure to vulnerable people and as such we are entitled to request information about your conviction record. If you have any spent or unspent convictions, please provide details on a separate sheet and return this in a sealed envelope marked with your name and ‘Private and Confidential’.

I confirm that the details that I have given on this form are accurate and understand that if any information is inaccurate this will lead to the removal of any offer of employment and potential for further action to be taken against me.

**Signed:**

**Date:**

Please return the completed form to:

Personnel

Brent Carers Centre

Willesden Medical Centre

144-150 High Street,

Willesden NW10 2PT

Or email to: email@brentcarerscentre.org.uk

**Brent Carers Employment Equal Opportunities Monitoring Form**

*This Section will be detached and kept separately from the rest of your application (which will be identified by the Applicant Number) to ensure that the short-listing process is as equitable as possible.*

Brent Carers strives to be an Equal Opportunities Employer and not to discriminate against individuals and groups who experience oppression. We therefore monitor all applications. The information on this sheet will be used for monitoring purposes only and so will be kept separately from your application and will remain confidential.

**Gender**

What is your gender? Male ❑ Female 🞎

**Disability**

Brent Carers considers that a disabled person is an individual who has an impairment or a health condition that has a substantial and long term adverse effect on that person’s ability to carry out day to day functions and activities. We will do all that is possible to make adjustments to accommodate the needs that any disability creates.

Do you consider yourself to be disabled? Yes 🞎 No 🞎

If you answered Yes to the previous question please provide brief details of any support you may need to undertake the interview process or if successful to carry out the duties of the post:

**Ethnic Origin**

How would you describe your ethnic origin (if you do not identify with any of these categories listed please use one of the ‘other’ categories)? Please tick ONE box.

**Asian/British Asian**

🞎 Indian 🞎 Pakistani 🞎 Bangladeshi 🞎 Any other Asian

**Black or Black British**

🞎 Caribbean 🞎 African 🞎 Any other Black

**Chinese**

🞎 Chinese

**White**

🞎 British 🞎 Irish 🞎 Any other white

**Mixed background**

🞎 White & Black Caribbean 🞎 White & Black African 🞎 White Asian ~~🞎~~ Any other mixed

**Other Ethnic Group** 🞎 Any other group White and Arab\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: the collection of equalities information conforms with the employment provisions in the Sex Discrimination Act (1975), the Race Relations Act (1975) and the Disability Discrimination Act (1995).