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| An Equal Opportunity Employer | | | | | | | | | | | | **CREST**  **Waltham Forest** | | | | | | | | | |
| **APPLICATION FOR EMPLOYMENT Post: Community Hub M H & Dementia Support**  **Worker** | | | | | | | | | | | | | | | | | | | | | |
| Post: |  | | | | Closing Date | |  | | | | Where did you see  this job advertised? | | | | |  | | | | | |
| Surname (block capitals) | | | | | | | Mr/Ms (or form of address preferred): | | | | Forenames: | | | | | | | | | | |
|  | | | | | | |  | | | |  | | | | | | | | | | |
| Address: | | | | | | | | | | | Telephone Numbers: | | | Private: | | |  | | | | |
|  | | | | | | | | | | | Business: | | |  | | | | |
| Do you hold a current driving licence? | | | | | | | | | Yes: |  |
| No: |  |
| Are you Required to Hold a Work Permit? | | | | | | | | | Yes: |  | National Insurance No: | | | |  | | | | | | |
| No: |  |
| **Present Employment/or Study (full-time)** | | | | | | | | | | | | | | | | | | | | | |
| Name of Employer or  Educational Institution: | | |  | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
| Position held and dept.  or Course of study: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Date appointed: | |  | | Grade: | | | |  | | Basic Salary or Average wage: | | | **£** | | | | | London Weighting: | **£** | | |
| **Do you receive any benefits?** | | | |  | | **Y** | |  | | | | |  | | | | | | | | |
|  | | **N** | |
|  | | | | | | | | | | | | | | | | | | | | | |
| **Write a brief description of your present duties/responsibilities or give details of your course of study, date of completion and qualification expected (please use additional sheet if necessary):** | | | | | | | | | | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- |
| **Education, Professional Training, and Qualifications** | | | | |
| **SECONDARY EDUCATION** | | | | |
| **Dates** | | **Name of School(s) Attended** | **Qualifications Obtained** | |
| From | To | Date | Exam |
|  |  |  |  |  |
| **FURTHER/HIGHER EDUCATION** | | | | |
| **Dates** | | **Name of University/College etc.** | **Qualifications Obtained** | |
| From | To | Date | Exam |
|  |  |  |  |  |
| **PROFESSIONAL/VOCATIONAL EDUCATION AND TRAINING** | | | | |
| **Dates** | | **College/Organisation and Course** | **Qualifications Obtained  (if any)** | |
| From | To |
|  |  |  |  | |
| **MEMBERSHIP OF PROFESSIONAL INSTITUTIONS (where appropriate)** | | | | |
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| **Previous Employment (most recent first):** | | | | |
| (include vacational, temporary or work in the voluntary sector or any periods of non-employment – please specify) | | | | |
| **Employer’s name and address** | **Position and Grade** | **From** | **To** | **Reason for Leaving** |
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| **IMPORTANT NOTE: REFERENCES** | | | | |

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| --- |
| Please give the names of two persons from whom references may be sought concerning your application. Both must be employment references and one must be your current employer. Both referees should have known you for at least 6 months. In the case of first appointments, applicants should quote the College Principal or Tutor. |

|  |  |  |  |
| --- | --- | --- | --- |
| (1) Name: |  | (2) Name: |  |
| Address: |  | Address: |  |
| Occupation: |  | Occupation: |  |
| References will be taken up.  **(Please indicate if you do not want your reference taken up prior to interview)** | | | |
|  | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Please describe to us how your skills and experience meet the person specification contained and what attracted you to this position. Please complete adding no more than two sides of A4.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **EQUAL OPPORTUNITY** | | | | | | | | | | | | | | | | |
| (A statement of our Equal Opportunities Policy is attached)  In order to monitor the effectiveness of the Equal Opportunities Policy and for no other reason, you are requested to complete this section. Information given will be treated in strictest confidence.  I would describe myself as being of the following ethnic origin: | | | | | | | | | | | | | | | | |
|  | White | | |  |  | Pakistani |  |  | Arab | |  |  | | Black British |  |  |
|  | Caribbean | | |  |  | Bangladeshi |  |  | Greek | |  |  | | Asian British |  |  |
|  | African | | |  |  | Chinese |  |  | Cypriot | |  |  | | Mixed Race |  |  |
|  | Indian | | |  |  | Vietnamese |  |  | Turkish Cypriot | |  |  | | Irish |  |  |
|  | | Other (please specify): | | | |  | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | |
| Do you consider yourself a person with any disabilities? | | | | | | | | | **Yes** | |  | **No** | | |  |  |
|  | | | | | | | | | | | | | | | |
| Are you: | | | | | | | | | **Male** | |  | *or*  **Female** | | |  |  |
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| I understand that the appointment if offered will be subject to the information given on this form being correct. If any of the information is found to be fraudulent or misleading, it could result in disciplinary action & dismissal and possible criminal prosecution. I also understand that the information provided on this form may be used for detection and prevention of fraud, and shared with other bodies administering public funds, solely for these purposes. | | | | | | | | | | | | | | | | |
| **Signed:** | | |  | | | | | | | **Date:** | | |  | | | |