**APPLICATION FORM**

Please complete this application form in Type or Black Ink

Job Title: …………………………………………………………………………………………………………………………….

Surname: …………………………………………. Title (MR/MRS/MISS/MS/OTHER): ………………………………………

Forenames: ………………………………………………………………………………………………………………………………………….

Address: ………………………………………………………………………………………………………………………………………………

Home telephone Number: ………………………………………… Mobile Number: ………………………………..…………..

Work Telephone Number: ……………………………………………………………………. (if we may contact you there)

Email: …………………………………………………………… National Insurance Number: ……………………………………….

Date of Birth: ………………………………………………….

**Current or Most Recent Employment**

Name and address of employer: ………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………..

Telephone number: ………………………………………. Nature of business: …………………………………………………..

Job Title: (and grade/salary/wage) ……………………………………………………………………………………………………..

Date commenced: ………………………………………………… Date left: (if applicable)…………………..…………………

Notice period required: ………………………………………………………………………………………………………………………

Brief Description of duties: …………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………..

Reason for leaving or wishing to leave: ………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………..

**Previous employment (covering last 10 years)**

|  |  |  |  |
| --- | --- | --- | --- |
| DatesFrom - To | Name and Address of Employer | Job Title | Reason for leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Details of your education and training**

|  |  |  |  |
| --- | --- | --- | --- |
| School | Qualifications Gained | Level & Grade | Date |
|  |  |  |  |
| University/Polytechnic | Qualifications Gained | Grade | Date |
|  |  |  |  |
| Professional/Technical Training | Qualifications Gained | Grade | Date |
|  |  |  |  |

|  |
| --- |
| Please give details of any training courses in which you have participated that you feel are relevant to this post: |

|  |
| --- |
| Please give experience and background relevant to the post. Explain how you meet the criteria and why you feel you should be considered (no more than 2 pages).  |

**References**

Please give the names and addresses of two people who can be asked to provide a reference, one of whom should be your present or last employer. Both references should be able to comment on your suitability for the post*. Please note both references will only be sought following a successful interview and prior to a confirmed job offer.*

|  |  |
| --- | --- |
| Current or most recent employment:1.Name ………………………………………………….Address ……………………………………………….…………………………………………………………….…………………………………………………………….Telephone …………………………………………..Email ………………………………………………….Capacity in which acting as referee:……………………………………………………………..May we contact reference? Yes……… No………. | 2.Name ……………………………………………………….Address …………………………………………………….………………………………………………………………….………………………………………………………………….Telephone ………………………………………………..Email ………………………………………………………..Capacity in which acting as referee:………………………………………………………………….May we contact reference? Yes……… No………. |

**Criminal Convictions**

Aurora Wellbeing does not discriminate unfairly against applicants on the basis of criminal convictions or other information declared.

If you are applying for a post involving access to vulnerable people, your offer of employment may be subject to a satisfactory DBS check (Disclosure and Barring Service). Failure to reveal information relating to any convictions could lead to withdrawal of an offer of employment.

Do you have any unspent criminal convictions or is there any action pending against you?

YES  NO 

|  |
| --- |
| If ‘Yes’, please supply details |

**Declaration**

I declare that to the best of my knowledge the information I have given is correct. I understand that any information I have given which is later found to be false may render any offer of employment invalid, or render me liable to disciplinary action which may include dismissal if employment has commenced. This is also the case with failure to disclose medical information.

Information given on this form may be entered onto a computer and held and processed in accordance with the terms of Data Protection Act (1998). It will be treated in a secure and confidential manner.

Signature ………………………………………………………………… Date ……………………………………………………………

**When complete please return to:**

***Aurora Wellbeing, Administration Office, The Old Library Building, Memorial Avenue, Worksop, S80 2BJ or email*** ***hr@aurorawellbeing.org.uk***

**Equal Opportunities Monitoring Form**

*This page will be detached before shortlisting and is not as part of the selection process.*

Aurora Wellbeing is committed to providing equal opportunities in employment. Our Equal Opportunities Policy which puts this commitment into practice, and which aims to eliminate discrimination.

**Equality Act 2010**

The Equality Act 2010 legally protects people from discrimination in the workplace and wider society including on grounds of disability.  You are disabled under the Equality Act 2010 if you have a physical or mental impairment that has a substantial and long-term negative impact on your ability to do normal daily activities.

If you tell us that you have a disability, we can make reasonable adjustments to where you work and at interview.

**REASONABLE ADJUSTMENTS**

Do you consider yourself to have a disability? YES  NO 

Please detail below the adjustments that are required and their purpose.

Do you have any medical conditions that we need to be made aware of?

YES  NO 

If Yes, please provide details

**Race Relation’s (Amendment) Act 2000**

*This information is used for monitoring purposes and is separated from the rest of your application form before interview.*

I would describe my ethnic origin as:

Asian or Asian British Mixed

[ ]  Bangladeshi [ ]  White & Asian

[ ]  Indian [ ]  White & Black African

[ ]  Pakistani [ ]  White & Black Caribbean

[ ]  Any other Asian background [ ]  Any other mixed background

Black or Black British White

[ ]  African [ ]  British

[ ]  Caribbean [ ]  Irish

[ ]  Any other Black background [ ]  Any other White background

Other Ethnic groups

 [ ]  Chinese

 [ ]  Any other ethnic groups

 [ ]  I do not wish to disclose this

**Gender**

[ ]  Male [ ]  Female [ ]  I do not wish to disclose

**Immigration Status**

Under Section 8 of the Immigration Act we are required to check all employees are eligible to

work within the UK.

Do you have any restrictions on your right to work or remain in the UK? YES NO 

Please confirm that, if you are offered a position, which of the following documents you would be prepared to supply and allow us to make a copy of:

(Please indicate with a tick)

 UK or EEU Birth Certificate which must include name of parents

 Registration or Naturalisation Certificate

 Work Permit issued by Work Permits UK

 Home Office issued letter indicating permission for indefinite stay in the UK with no

restrictions

 P45/P60 from previous Employer

 National Insurance document/letter

 UK Residence Permit from a EEAA state or Switzerland

 Home Office Application Registration Card permitting employment

 Passport  Note: EEAA = European Economic Area Agreement

Do you hold a current full driving licence? Yes  No  Do you have your own transport?\_\_\_\_\_\_