**APPLICATION FORM**

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| 1. POSITION APPLIED FOR:……………………………………………………  Closing Date:…………………………………….. | |
| 2. PERSONAL DETAILS (In block capitals please) | |
| Last Name: ………………………………………  Address: …………………………………….……  ……………………………………………………  ……………………………………………………  Post Code: ……………………………………… | First Name(s): ……………………………………  Preferred Title: Dr/Mr/Mrs/Miss/Ms/Other  Tel No. Home: …………………………………    Mobile: …………………………………  Email: …………………………………………… |
| CURRENT OR MOST RECENT EMPLOYMENT | |
| Name and Address of employer: …………………………………………………………………………  …………………………………………………………………………………………………………….  Tel Number: ………………………………………………………………………………………………  Position Held……………………………………………………………………………………………… | |
| Brief outline of duties: | |
| Date started: ……………………………………………………………………………………………..  Date left employment (where applicable): ………………………………………………………………  Salary: ……………………………………………………………………………………………  Notice period required: ………………………………………………………………………………… | |

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| **PREVIOUS EMPLOYMENT** Please give details of employment (paid or unpaid) over the last 10 years  **Please give most recent first** | | | | | | | | |
| Name and address of employer | | Date of Employment | | | | | Position Held | Reason for Leaving |
| From | | To | | |
|  | |  | |  | | |  |  |
| **EDUCATION** | Please give details of qualifications obtained, along with grade and date achieved.  **Please give most recent first** | | | | | | | |
| Name and address of School/College/Institute/University | | Dates | | | | Course details and exam results | | Date obtained |
| From | | To | |
|  | |  | |  | |  | |  |
| **PROFESSIONAL QUALIFICATIONS**  (Held or being studied for) | | | | | | | | |
| Professional Body  College/Institute/University | | Date | | | | Course details and exam results | | Date obtained |
| From | | To | |
|  | |  | |  | |  | |  |
| SPECIALISED TRAINING OR COURSE ATTENDED (H&S, CSCS related etc) | | | | | | | | |
| Course taken | | Organised by | | | | Location | | Date |
|  | |  | | | |  | |  |
| MEMBERSHIP OF PROFESSIONAL BODIES (Please give details of membership of any professional bodies) | | | | | | | | |
| Name of professional body | | | Level/type of membership | | | | | |
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| SUPPORTING INFORMATION | | | | | | | | |
| Please give concise account of any relevant further information to support your application.  This may include details of:   * Responsibilities, achievements, experience, or skills gained in your current or previous employment * What attracts you to this post * What contribution you could make to this post * Details of any leisure or voluntary activities, which may be relevant to support your application. * Please include any licences for vehicles etc.   (Continue on a separate page if necessary) | | | | | | | | |
| **REFERENCES – Please give details of two referees**  One **must be** your current or most recent employer or school/college, if a student | | | | | | | | |
| Name: ……………………………………………………  Position: …………………………………………………  Organisation: ……………………………………………  Address: …………………………………………………  ……………………………………………………………  ……………………………………………………………  Telephone number: ………………………………………  Relationship: ……………………………………………  May we contact this referee before interview? **YES / NO** | | | | | Name: ………………………………………………………  Position: ……………………………………………………  Organisation: ………………………………………………  Address: ……………………………………………………  ……………………………………………………………..  ……………………………………………………………..  Telephone number: ………………………………………..  Relationship: ………………………………………………  May we contact this referee before interview? **YES / NO** | | | |
| **GENERAL INFORMATION** | | | | | | | | |
| Do you hold a current full driving licence? **YES / NO**  Do you have any other relevant licences? **YES / NO**  Please give details of any penalty points: …………………………………………………………..………………………  Are you a citizen of a country currently within the EU? **YES / NO**  If not, do you require a work permit? **YES / NO** | | | | | | | | |
| DETAILS OF POST APPLIED FOR | | | | | | | | |
| Job Title: ……………………………………  How did you learn about the vacancy? ……………………………………………………………………………………… | | | | | | | | |
| PEOPLE WITH DISABILITIES | | | | | | | | |
| The Disability Discrimination Act 1995 defines a disabled person as anyone who has or has had a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities. Taking this definition into consideration do you consider you have a disability? YES / NO | | | | | | | | |
| If YES, please describe any equipment you may need or adaptations which you consider may need to be made to accommodate your disability(ies) if you are appointed to this post. | | | | | | | | |

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| **DATA PROTECTION ACT 1988 & GENERAL DATA PROTECTION REGULATIONS 2018** |
| The privacy of job applicants is important to us. We take every precaution to protect your personal information. The personal data you provide for potential employment and otherwise as part of the recruitment process will be held and processed for the purpose of the applications, and for the selection processes of Good Shepherd.  **Identification Data**  At this stage, the personal data collected via this application form is collected and processed only to the extent necessary to send you an answer. If your application is successful, this data will be used for the pre-employment screening checks (your written consent will be requested beforehand) and will form the basis of your personnel employment file.  **Who has access to your information and to whom is it disclosed?**  Only Good Shepherd staff members conducting recruitment procedures have access to your data. If your application is successful, this data will be used for the pre-employment screening checks and passed to an agent for verification (your written consent will be requested beforehand) and will be accessed by staff members responsible for processing the personnel employment records and payroll.  **How do we protect and safeguard your information?**  Your data will only be accessed by designated staff. We have also implemented technologies and security policies to protect the stored personal data of our users from unauthorised access, improper use, alteration, unlawful or accidental destruction and accidental loss. We will continue to enhance our security procedures as new technology becomes available.  **How can you verify, modify or delete your information?**  If you wish to verify, modify or delete your personal data after having submitted your application, please contact us. |

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| **GUIDANCE NOTES TO APPLICANTS ON COMPLETING THE APPLICATION FORM** |
| Please read these notes before completing the application form.  Please note that the application form provides all the information that will be used to determine whether you will receive an interview. As a result, please take time and care when completing your application form to ensure that it properly reflects your skills and ability.  1. This application form should be completed in **blank ink** or **type**, so that the form may be easily photocopied.  2. Please do not send a CV. To ensure equality of the information provided all applicants are requested to complete an application form.  3. Read through each section of the application form carefully before completing. You may wish to roughly pencil in details, and then write over in pen once you have checked to ensure it is correct, and you are happy that the application form accurately represents your skills and ability.  4. Please complete all sections of the application form thoroughly. If a section of the form is not relevant or does not apply to you, please state on the form, for example ‘N/A’ (Not Applicable)  5. In the sections regarding current and previous employment and education qualifications, please be factual and accurate.  6. In the section for ‘Supporting Information’, you may give whatever information you wish. However this should be relevant to the job for which you are applying. With the application form you will also have received Person Specification. This will describe essential skills and experience you will require to undertake the duties as stated in the Job Description. The Person Specification and Job Description will help you decide what further information you could give to support your application.  8. If you are unhappy about any section of the recruitment process, you may complain in writing to the Operations Manager. We audit our recruitment practices on a regular basis.  9. Applicants are requested to give the names of two referees. One of these must be your current or most recent employer and the names person should be your immediate manager or supervisor. If you have not been employed before, or have been out of employment for a long time, you should give the name of someone who knows you sufficiently well to comment on your ability to do the job. Those applying for professional medical or dental posts are required to provide details of three references.  10. When completed, please read through your application form and ensure that there are no errors or omissions.  11. Please ensure that the completed application form reaches us no later than 5.00 pm on the closing date stated. If your form arrives later than that time it will not be considered.  12. All information contained in this application form will be treated confidentially, and only information relevant to the post will be considered for the purpose of selecting the most suitable applicant. |