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| **APPLICATION FORM** | | | | | | | | | | | | | | |
| Return this form to [recruitment@cavershamlakes.co.uk](mailto:recruitment@cavershamlakes.co.uk) | | | | | | | | | | | | | | |
| Position(s) applied for: | | | | | | | | | | | | | | |
| Please specify the days of the week and number of hours per week you are available. | | | | | | | | | | | | | | |
| Monday:  Tuesday:  Wednesday:  Thursday: | | | | | | Friday:  Saturday:  Sunday:  Hours per week: | | | | | | | | |
| How will you travel to work? | | | | | | | | | | | | | | |
| Drive |  | Walk | |  | Cycle | |  | | Public Transport | | | | |  | |
| **Personal details** | | | | | | | | | | | | | | |
| Title: | | |  | | | | | | | | | | | |
| Name: | | |  | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | |
| Telephone (landline): | | |  | | | | | | | | | | | |
| Telephone (mobile): | | |  | | | | | | | | | | | |
| Mobile: | | |  | | | | | | | | | | | |
| National Insurance No: | | |  | | | | | | | | | | | |
| Are you over the age of 16?  (please note all staff must be over 16 and bar staff must be over 18 years of age) | | | | | | | | Yes | | |  | No |  | |
| Do you hold a current driving licence? | | | | | | | | Yes | | |  | No |  | |
| Groups: | | | | | | | | | | | | | | |
| Expiry date: | | | | | | | | | | | | | | |
| Details of endorsements (if none, please insert “N/A”) | | | | | | | | | | | | | | |
| Do you have a current right to work in the UK? | | | | | | | | Yes | | |  | No |  | |
| If no, please provide details: | | | | | | | | | | | | | | |
| **Education and qualifications** | | | | | | | | | | | | | | |
| Establishment  (Name & Town) | | | | Dates  From - To | | | | | | Qualification / Grade / Date Awarded | | | | |
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| **Job related training** | | |
| Institute / course studied | Date  From – To | Standard or level achieved and date awarded |
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| **Personal Development** | | |
| Please include any courses, membership, voluntary work or responsibilities you have obtained that you consider relevant e.g. RLSS, St John Ambulance, Scout Groups, with outcomes where applicable: | | |
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| **Employment history** | | | | | |
| Name and address of employer(s) | Job title and main duties | | | Date of departure and reason for leaving | |
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| Please note here any other employment that you would continue with if you were to be successful in obtaining this role: | | | | | |
|  | | | | | |
| **References** | | | | | |
| Please note here the names, company name (where applicable) and addresses of two persons from whom we may obtain both work and character references: | | | | | |
| 1. | | 2. | | | |
| Please note here any membership you hold of professional bodies, including grade of membership or other relevant details: | | | | | |
| Disability | | | | | |
| Do you consider yourself to have a disability?  *The Equality Act 2010 defines disability as a “physical or mental impairment which has a substantial and long term adverse effect on the ability to carry out normal day to day activities”.* | | | Yes | | No |
| If yes, please provide details: | | | | | |
| **Criminal record** | | | | | |
| Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. Please use a separate sheet if necessary. If none please state. | | | | | |
|  | | | | | |
| **Data protection statement** | | | | | |
| All of the information collected in this form is necessary and relevant to the performance of the job applied for. We will use the information provided by you on this form, by the referees you have noted, and the educational institutions with whom we may undertake to verify your qualifications with, for recruitment purposes only. The Company will treat all personal information with the utmost confidentiality and in line with current data protection legislation. We rely on the lawful basis of legal obligation and to process the information provided by you in this form.  Should you be successful in your application, the information provided, and further information which will be gathered at the relevant time, will be subsequently used for the administration of your employment and in relation to any legal challenge which may be made regarding our recruitment practices.  For more information on how we use the information you have provided, please see our privacy notice for job applicants which islocated on the careers page of our website. | | | | | |
| **Declaration** | | | | | |
| I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment offered. I understand that any offer of employment is subject to the Company being satisfied with the results of series of relevant checks including references, eligibility to work in the UK, criminal convictions, probationary period and a medical report (in line with the operation of the Equality Act 2010). | | | | | |
| **Signed:** | | | | | |  | Date: |
|  | | | | | |
| You may use a separate sheet to include more information on any of the above questions if necessary, marking clearly the page number. | | | | | |

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| **OFFICE USE ONLY** | | | | | |
| **Applicant successful** | **Yes** | | | **No** | |
| Job Title: | | | Start Date: | | |
| Department/Area: | | | Contract Type (permanent, zero-hour, fixed term zero hour): | | |
| Hourly rate: | | |  | | |
| Proof of ID | |  | P45 / P46 (if no P45) | |  |
| Essential qualifications checked (copy taken) | |  | Employee Number: | |  |