

# Application Form

You should complete this form fully in black ink or typescript and return it to:

***Project West Limited, 27 Sandringham Road, Northolt, UB5 5HN***

Please do not substitute a CV for this application form.

Post Applied for:

Personal Information

Title: - Surname: - Forenames: -

Surname at birth (if different): - Age: - Date of birth: -

Place of birth: - Nationality: -

Permanent address: - Address for letters (if different): -

Post Code

Post Code

Email address: - Fax: -

Home telephone: - Daytime telephone: -

*(Where a message may be left)*

If you have ever possessed any other nationality or citizenship, please give full details with dates:-

Are you lawfully resident in the UK? Yes No Are you subject to immigration control? Yes No

If yes, please specify: -

Are there any restrictions regarding your employment, i.e. do you require a Work Permit? Yes No

If Yes please supply details below: -

I declare I am eligible to work in the UK.

Signed: -……………………………………….………………………………… Dated: -……………………………….

Do you consider that you have a disability? **YES / NO**

Do you hold a current driving licence? **YES / NO** Are there any points on your licence? **YES / NO**

If so, how many?

Are you prepared to travel? **YES / NO**

Have you been employed by this company previously? **YES / NO**

Do you have relatives working for this company? **YES / NO** If yes, please give details *(on a separate sheet if necessary)*

Have you been suspended or subject to disciplinary action by your current or previous employers? **YES/NO**

If yes, please supply full details *(on a separate sheet if necessary)*

Educational Qualifications

Please give details of schools, colleges or universities attended since the age of 14 years:

Employment Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of Institution | Dates | | Subjects Taken | Level of Qualification | Date Awarded or Expected |
| From | To |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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Please give details of all full-time and part-time work, including any periods of self-employment, within the last ten years.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name and Address of **Most Recent** or **Present** Employer | Dates | | Job Title and Nature of Work | | Reason for Leaving  *(if appropriate)* |
| From  Mm / yy | To  Mm / yy |
|  |  |  |  | |  |
| Basic Salary | | | | Allowances/Bonuses *(if applicable)* | |
| Name and Address of **Previous** Employers *(Please list in order starting with the most recent)* | Dates | | Job Title and Nature of Work | | Reason for Leaving  *(if appropriate)* |
| From  Mm / yy | To  Mm / yy |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
|  |  |  |  | |  |
| Give details of any time not already accounted for (including unemployment) | | | | | |
|  | | | | | |

Personal Statement

Please identify how you meet the criteria outlined in the Person Specification. Please note that the decision to shortlist for interview will be based solely on the information provided within the application. On all applications being equal, the decision to shortlist may be based on the quality of the Personal Statement.

Referees

Please provide the names, addresses and telephone numbers of two people known to you personally. One of these must be your present or most recent employer. The other may provide a character reference and must not be a member of your family. Please note that referees will not be contacted without your permission. Any offer of employment will be subject to receipt of satisfactory references and CRB check and may be withdrawn in the event of a failure to receive them or if they are deemed unacceptable for the post applied for.

First Referee – Current / Most Recent Employer Second Referee – Working with Children

Name: Name:

Address: Address:

Post Code

Post Code

Telephone: Telephone:

Fax: Fax:

In what context does this referee know you? In what context does this referee know you?

Third Referee - Personal (someone who has known you at least 2 years and is not a family member)

Name:

Address:

Post Code

Telephone:

Fax:

In what context does this referee know you?

Interviews

If you consider that you have a disability, please indicate any special arrangements you require to enable you to take part in an interview.

Advertising and Publicity

Please indicate how you heard about this vacancy. Please specify specific publication.

**Criminal Record Disclosure and Rehabilitation of Offenders Legislation.**

Because of the nature of the work you will be asked to undertake it is exempt from the provisions of the Rehabilitation of Offenders Legislation. This means that you must provide us with all information relating to any form of conviction at any time in your lifetime. This includes such matters as police cautions, anti-social behaviour orders or informal warnings as well as any other form of conviction whether you were sent to prison or not. **You are not entitled to withhold any information whether the sentence is spent or not.** Any information that you give will be completely confidential and will only be considered in relation to the post that you are applying for. A criminal record may not be a bar to obtaining employment. If you have been registered on any list relating to vulnerable adults or children and your registration has been confirmed you should be aware that you would be committing a criminal offence in applying for a post in a caring position.

Any failure to notify of any form of conviction or any other form of misleading or false information now or at any time in the future could result in disciplinary action that may lead to the termination of your employment at any time during the course of your employment.

Have you ever been convicted of any criminal offence?

If so, please give full details (including nature of offence and date).

Do you hold a Criminal Records Bureau Check, Disclosure Scotland or Overseas Police Check carried out within the last three years? **YES / NO**

If yes, please give details.

Declaration

I declare that the details given on this application are to the best of my knowledge and belief, true and complete. I understand that my application may be rejected or, if I am already appointed, I may be dismissed if I withhold relevant details or give false information.

I give permission for all or part of this application to be held on both computerised and manual records, which I may request access to.

Signed: Date:

Name:

Ethnic Monitoring Questionnaire

Project West has a policy of equal opportunity. We are therefore asking you to complete the following questionnaire. Your answers will be treated confidentially and will not affect your job application in any way.

May we thank you in advance of your co-operation.

Please read all the categories and then tick the box that you most identify with.

1. **White**

Any White background *(specify if you wish)*

1. **Black**

African

Caribbean

Any other Black background *(specify if you wish)*

1. **Asian**

Bangladeshi

Indian

Pakistani

Any other Asian background *(specify if you wish)*

1. **Chinese**

Any other Chinese background *(specify if you wish)*

1. **Mixed ethnic background**

Asian and White

Black African and White

Black Caribbean and White

Any other mixed ethnic background *(specify if you wish)*

1. Any other ethnic background *(specify if you wish)*

# HEALTH STATEMENT

**To be completed as part of application process**  ***Please use block capitals***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Name** |  |
| **Date of Birth** |  |
| **Any Former Name** |  |
| **Address** |  |
| **Post Code** |  |
| **Telephone Number** |  |
| **Please read these notes before completing the remainder of the form:**   1. You are asked to complete this form for the information of the Company and its medical advisor who will then decide whether a medical examination is necessary. 2. Should more space be required to answer any question, a plain sheet of paper may be used. 3. When answering the following questions, please delete 'YES' or 'NO' or write 'NO' or 'NONE' where applicable. **Do not put a line through any question.** | |
| 1. (a) Name and address of your present doctor. (If none, state 'NONE')   (b) Name and address of any other doctor who has attended you during the past five years from  who information regarding your health may be obtained (If none, state 'NONE')    2. As far as you know, are you in good health at the present time? **YES / NO**  3. Are you attending you doctor for any reason? **YES / NO** | |

**Have you ever in your life, to your knowledge had any of the following:**

(please provide details of condition and the date occurred)

|  |  |  |
| --- | --- | --- |
| **(A)** Blackouts, epilepsy, fits or faints. | **YES / NO** |  |
| **(B)** Heart disease or disorder. | **YES / NO** |  |
| **(C)** High blood pressure. | **YES / NO** |  |
| **(D)** Tuberculosis, bronchitis, asthma. | **YES / NO** |  |
| **(E)** Depression, anxiety, "nerves". | **YES / NO** |  |
| **(F)** Skin disease or dermatitis. | **YES / NO** |  |
| **(G)** Recurrent gastric disorder,  stomach trouble, vomiting. | **YES / NO** |  |
| **(H)** Diabetes or sugar trouble. | **YES / NO** |  |
| **(I)** Eye disease or disorder. | **YES / NO** |  |
| **(J)** Major accident resulting in injury. | **YES / NO** |  |
| **(K)** Recurrent diarrhoea, bowel trouble. | **YES / NO** |  |

|  |
| --- |
| Are you at present taking any medicines or tablets prescribed by your doctor?  **YES / NO** |
| Have you ever had a serious operation? If so, when and for what?  **YES / NO** |
| Have you stayed away from work in the last year, as a result of injury, for longer than one week? If so, why, and for how long?  **YES / NO** |
| Are you a Registered Disabled Person?  **YES / NO** |
| Are you awaiting any surgical operation or hospital appointment?  **YES / NO** |
| Have you ever had an accident or illness that is still affecting you?  **YES / NO** |
| Have You ever been vaccinated against:  (A) German Measles (Rubella)? **YES / NO**  (B) Tuberculosis? **YES / NO** |