



working with disabled people

Application for Employment

311-313 COPNOR ROAD
PORTSMOUTH
HANTS PO3 5EG

TEL: 023 9267 1846
FAX: 023 9267 1847

COMPANY NO. 1405937

CHARITY REGISTRATION NO. 276422

You should complete this form in DARK INK or TYPE

The information given on this form will be treated in confidence. Any offers of employment will be subject to DBS checks, references, satisfactory medical clearance and documentary evidence showing your entitlement to work in the UK.

Application for the post of _____

How did you learn of this vacancy? _____

■ **Personal details** (Please print clearly.)

Surname: _____ Address: _____

Forenames: _____

Tel (home): _____

Tel (work): _____

Mobile: _____ Postcode: _____

Email: _____

May we contact you at work? YES NO

Date of birth: _____

National Insurance No : _____

A document showing your NI number, birth certificate or other proof of your entitlement to work in the UK will be required at interview. Only original documents (not copies) are acceptable.

■ **Education** (*Please give details of **secondary and further education** including GCSE's and A levels with grades - If called for interview you will be required to produce original certificates*):

Schools (Secondary)

Examinations passed, with grades

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<hr/>	<hr/>
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■ **Further Education & Training**

Examinations passed, with grades

<hr/>	<hr/>
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Do you hold a current First Aid Certificate? YES NO

■ Please give details of any other **professional or vocational qualifications** you hold that are relevant to this application:

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■ Present or last employer (*Your current employer will not be contacted without your consent.*)

Employer's name and address: _____

Job Title: _____

Date commenced: _____

Notice required: _____

■ Duties, responsibilities and achievements (*Continue on a separate page if you wish.*)

■ Previous employment and other relevant experience (*Most recent first.*)
Please note that all time since leaving full-time education **MUST** be accounted for e.g. training, unemployment or time taken out of paid employment due to caring responsibilities (***Continue on a separate page if necessary or provide the full history on a typed sheet of paper.***)

Employer's name & address	Job Title	Start Date (Month & Year)	Leaving Date (Month & Year)	Reasons for leaving

If there are any gaps in your employment or education history please explain them here (*Continue on a separate page if necessary*):

recent employer. It is not appropriate to use family members as referees.

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Postcode: _____

Postcode: _____

Tel: _____

Tel: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

May we approach referee prior to interview? *(Please ✓)*

Reference 1. YES NO

Reference 2. YES NO

FURTHER INFORMATION AND DECLARATION

■ **Driving** *(You need only complete this section if the post that you are applying for requires you to drive.)*

Do you hold a current driving licence? YES NO

How long have you held a driving licence?

Has your driving licence been endorsed? *(if so please give details)*

Would you have the use of a car for work? YES NO

Have you received MIDAS Training? YES NO

What level of MIDAS training have you undertaken and what date is your certificate valid to?

■ Declarations

1. Have you had any criminal convictions?

YES

NO

If yes, please give full details on a separate sheet.

I understand that if I am offered a position I will be required to apply for a criminal records disclosure from the Disclosure & Barring Service (DBS).

N.B. Because of the nature of the work for which you are applying, this post is exempt from the provisions of The Rehabilitation of Offenders Act 1974 by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 2002. Applicants are not entitled, therefore, to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act. In the event of employment, any failure to disclose such convictions could result in dismissal or disciplinary action by Enable Ability. Any information given will be completely confidential.

2. I hereby declare that the information given in this form is, to the best of my knowledge, correct. If appointed I understand that if I have made a false statement or material omission then my contract could be subsequently terminated.

Signature: _____

Date: _____

For office use only

Shortlist

Referees 1.

Interview

Referees 2.

Proof of ID

Offered

Qualifications /
Certificates

Offer Letter

DBS

Acted upon

Pre-Employment Health Questionnaire



EQUAL OPPORTUNITIES MONITORING FORM

working with disabled people

Enable Ability is committed to a policy of Equal Opportunities. It would help us to monitor our practices if you could complete this form. These details will be treated as strictly confidential.

Gender Male Female

Post applied for _____

Age 16-17 40-55
 18-25 56-65
 26-39 Over 65

Ethnic Origin Ethnic origin refers to members of an ethnic group who share the same cultural background and identity.

<input type="checkbox"/> Black African	<input type="checkbox"/> Indian
<input type="checkbox"/> Black Caribbean	<input type="checkbox"/> Pakistani
<input type="checkbox"/> White UK	<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> White other (please specify) _____	<input type="checkbox"/> Irish
<input type="checkbox"/> Black other (please specify) _____	<input type="checkbox"/> Chinese
<input type="checkbox"/> Any other group (please specify) _____	

Disability

The Company welcomes applications from disabled people. Please indicate on this form if there is anything that we need to do or take into consideration to ensure that the shortlisting process is fair in relation to people with disabilities.

How did you hear of this post?

Newspaper Job Centre Other

Please specify _____

***This form will be separated from the main Application Form before submission to interview panel**