

Application Form

PLEASE NOTE

Complete all sections in black ink or type. Further information about Age Concern Derby & Derbyshire can be found on our website: www.ageconcernderbyshire.org.uk

POST APPLIED FOR:

Please indicate where you saw this post advertised:

ALL APPLICANTS

(Please complete in capital letters)

Surname: _____

First Name: _____

Address for Correspondence: _____

Telephone: (home) _____ (Work) _____

May we contact you at work? - we will do so discreetly

Yes:

No:

PREVIOUS & PRESENT CONTACT

	Yes	No
Are you currently employed by ACDD?	<input type="checkbox"/>	<input type="checkbox"/>
Have you left ACDD's employment in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently a volunteer with ACDD?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ceased to be a volunteer with ACDD in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

Please give brief details and dates worked and past experience with ACDD or another Age Concern Group:

Please complete these sections carefully after reading any supplementary information regarding the post, particularly the Job Description and Person Specification. The decision to invite you for interview will be based on the information you provide on this form and how closely you meet the specified criteria.

Please ensure that you complete every section fully marking N/A if it is not applicable to you.

EDUCATION AND TRAINING

Secondary School / College / University / Professional Association	Dates From To		Qualifications Gained and Date Obtained, and Grade

OTHER RELEVANT TRAINING COURSES

Organising Body and Title	Brief Description of Course Content and Dates Attended

DETAILS OF CURRENT/LAST EMPLOYER

Name and Address of Employer	Job Title	Salary	Dates Worked To From	Reason for Leaving

Give a brief description of current duties and responsibilities:

Current notice required:

DETAILS OF PREVIOUS EMPLOYMENT (most recent first)

Name and Address of Employer	Job Title	Salary	Dates Worked To From	Reason for Leaving

Please continue on separate sheet if necessary

EXPERIENCE AND SKILLS

Please use this space to demonstrate how you meet each point contained within the person specification drawing on work, voluntary and other experiences, skills and knowledge. Please list your answers under each points heading and remember to include the desirable requirements should this be appropriate. Please note that failure to do this may mean that your application will not be considered. CV's are not accepted.

Please continue on an extra sheet if necessary

REFERENCES

Please provide the names and addresses of two referees indicating in what capacity you know them. One of these must be your present or most recent employer. Please note that friends or relatives are not acceptable referees.

1. REFEREE Name: Address: Tel No: Home: Business: Email:	2. REFEREE Name: Address: Tel No: Home: Business: Email:
In what capacity is the referee known to you?	In what capacity is the referee known to you?

OTHER INFORMATION

	YES	NO
Do you have a current driving licence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have regular access to a vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Have you any current penalty points?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any ongoing health problems that may restrict your ability to carry out any of the range of tasks specified in the Job Description? If so, please specify below:		
	Yes	No
Are you, to be best of your knowledge, related to any member of staff or the Board of Trustees?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide details:		
Is this a Job Share Application?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there any further information you would like to make us aware of in support of your application, e.g. voluntary work, membership of public bodies?

CRIMINAL CONVICTIONS

Some positions require us to carry out a criminal record check through the Criminal Records Bureau. Please give details of ANY cautions, convictions or bindovers received or proceedings being instituted against you. Please give these details on a separate sheet and insert into a sealed envelope addressed to the The Manager and mark private and confidential. Securely attach this to the application form. The Criminal Records Bureau has produced guidance for disclosure and this is available from ACDD upon request. In the event of you not being shortlisted the envelope will be returned to you unopened.

If none, write 'NONE' in the space below:

Failure to notify us of any such convictions, cautions or bindovers at this stage may result in any agreements between us being terminated.

OUTSTANDING DISCIPLINARY PROCEEDINGS

Are you subject to any current or outstanding disciplinary action or legal proceedings?

Yes

No

If yes, please give details in a separate envelope marked private and confidential for the attention of The Manager. In the event of you not being shortlisted the envelope will be returned to you unopened.

DISABILITY DISCRIMINATION ACT 1995

Please indicate if you have any special requirements to enable you to attend an interview

Yes

No

Please state your requirements below (e.g. wheelchair access, sign language, interpreter etc)

I agree that any offer of employment with ACDD is subject to receipt of two satisfactory references and a satisfactory CRB check, if appropriate.

In accordance with the Data Protection Act 1998, it is agreed that ACDD may hold and use personal information about me for personnel reasons and to enable ACDD to keep in touch with me. This information can be stored in both manual and computer form.

I confirm that the information on this form and any attachments is correct and complete. I understand that any information later discovered to be incorrect may result in the termination of any agreements made.

Signed: _____ Date: _____

Note: Please ensure that you have fully completed every section. Incomplete applications may not be considered.

ASYLUM AND IMMIGRATION ACT 1996 - PROOF OF LEGAL RIGHT TO WORK IN THE UK

Please indicate which of the following you are able to provide to prove your eligibility to work in the UK:

Valid British Isles Passport

British Isles Birth Certificate

Foreign Student Matriculation Card

Valid and appropriate working or residential visa or permit

Comments:
(Please print)

Completed application forms should be sent by post to:

**Age Concern Derby & Derbyshire,
29a Market Place,
Heanor,
Derbyshire.
DE75 7EG**

Telephone: 01773 768240

Visit our Website for more information

Website: www.ageconcernderbyshire.org.uk

Email: info@ageconcernderbyshire.org.uk