



Application Form

In confidence

Please read carefully all instructions and job details prior to completing this form.

Please use BLACK ink or typescript as it will be necessary to photocopy your application.

Please return completed form to: North Devon+
Caddsdwn Business Support Centre
Clovelly Road
Bideford
Devon
EX39 3DX

Closing Date:

PERSONAL DETAILS

Position applied for _____ Closing date _____

Project _____ Date of Birth _____

Grade _____

Surname (*Block capitals*) _____

First names _____

Address (*Block capitals*) _____

Home telephone number _____ Work telephone number (*if it may be used*) _____

Do you need a UK work permit? Yes No

E-mail _____ National Insurance Number _____

HEALTH

Please list any serious illness, operations, disabilities and number of sick days off work in the last 10 years and present state of health

Do you consider yourself to have a disability or medical condition which may affect the way you would undertake the duties of this post? YES NO

If yes, please state its nature:

North Devon+ is committed to interviewing every disabled candidate who fits the job specification and is asking this question in furtherance of its responsibilities under the Disability Discrimination Act, as the information provided may be relevant in assessing what adjustments, if any, should be made at interview or within the job and general working arrangements.

THIS PAGE IS INTENTIONALLY LEFT BLANK

EDUCATION, QUALIFICATIONS AND TRAINING

(Where applicable please include details of examinations which have been or are about to be taken, but results of which are not yet available)

Secondary, Further and Higher Education

Subjects	Qualification gained, e.g. GCSEs, Highers etc.	Grade	Date

Professional Qualifications: (Proof of professional qualifications/status will be required before an appointment is made)

Name of professional body and qualification awarded	Membership grade	Was membership gained by examination?	Date course completed

Training Courses attended: (Relevant to the person specification)

Continue on a separate sheet if necessary

USE OF VEHICLES

Some posts require the use of a car. It would therefore assist us if you complete this section.

Do you hold a current driving licence (excluding a provisional licence)? YES NO

If not, is there any reason why you could not obtain one? _____

Have you any valid endorsements? YES NO

If YES, please give details? _____

DETAILS OF CURRENT OR LAST EMPLOYMENT

Name and Address of employer	Dates: From- To	Reason for leaving	Notice Required	Salary

Briefly describe your current/most recent employment, highlighting duties, responsibilities, skills or experience gained relevant to the post for which you are applying, If you are a school or college leaver, please include details of vacation employment

Job Title

DETAILS OF PREVIOUS EMPLOYMENT (Including voluntary, home-based or part-time work)

Please provide details of your past employment history to date, starting with your most recent first, accounting for any periods of time not spent in further education or employment. For posts within the last five years please confirm salary details.

Name and Address of employer	Position held and grade if applicable	From	To	Final Salary	Reason for leaving

YOUR ABILITY TO MEET ESSENTIAL CRITERIA FOR THE POST

The job description details the key areas of responsibility and tasks involved. The person specification details key areas of knowledge, experience and skills, some of which are **essential**. Please demonstrate in this section how you meet the person specification requirements. Shortlisting will depend on how well you demonstrate your ability to meet these criteria.

Continuation pages, totalling not more than 3, must include your name and position applied for on each page and must be numbered. You should ensure any continuation sheets are appropriately secured to the Application Form.

Continue on a separate sheet, if necessary

THE REHABILITATION OF OFFENDERS ACT 1974

Do you have any unspent convictions? Yes No

If yes, please give details, with dates, of offences, sentences, cautions, reprimands, final warnings and court cases pending.

Date of offence	Nature of offence	Sentence or nature of police court sanction

The information contained in this application form will only be seen by staff involved in the recruitment process. Where the post applied for requires an Enhanced Disclosure check, please provide details of any police enquiries made against you, which may have a bearing on your suitability for this post.

North Devon+ believes that having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and the background of the offence(s).

REFEREES

North Devon+ will approach the referees of shortlisted candidates only. Please give details of two people who may be approached for a reference who can comment on your suitability for this position. One referee must be your present or most recent employer.

1. Present employer /Most recent employer

Name _____

Job Title _____

Address _____

Telephone number _____

In what capacity does this person know you?

*If you **do not** wish us to approach the above referee prior to interview, please tick the box*

2. Second referee

Name _____

Job Title _____

Address _____

Telephone number _____

In what capacity does this person know you?

*If you **do not** wish us to approach the above referee prior to interview, please tick the box*

North Devon+ reserves the right to contact any of your previous employers

DECLARATION

I declare that the information contained in this form is true and accurate. I understand if it is subsequently discovered any statement is false or misleading, my employment may be terminated without notice.

Signature _____

Date _____

For our information:

Where did you hear about this position?

THIS PAGE IS INTENTIONALLY LEFT BLANK

Equal opportunities monitoring form

Please note that this form is always removed prior to shortlisting

We hope you will assist us by completing this form. This information is being gathered to monitor the operation of North Devon+'s Equal Opportunities policies and the effectiveness of advertising media used, and for no other reason. The data will be treated with the utmost confidentiality. It will not be taken into account in assessing information on your application form as it is removed before your form is seen by the shortlisting panel.

Name (Mr/Ms/Miss/Mrs/Dr)

Position applied for

Are you

Male

Female

Project

ETHNIC ORIGIN

How would you describe your ethnic origin?

Ethnic origin refers to members of an ethnic group who share the same cultural background and identity. Please note the categories listed below are approved by the Commission for Racial Equality.

Please put a tick in one of the boxes

- | | |
|---|---|
| <input type="checkbox"/> White – British | <input type="checkbox"/> White – Irish |
| <input type="checkbox"/> White – Other | <input type="checkbox"/> Mixed – White & Black Caribbean |
| <input type="checkbox"/> Mixed – White & Black African | <input type="checkbox"/> Mixed – White & Asian |
| <input type="checkbox"/> Mixed – Other | <input type="checkbox"/> Asian or Asian British – Indian |
| <input type="checkbox"/> Asian or Asian British - Pakistani | <input type="checkbox"/> Asian or Asian British – Bangladeshi |
| <input type="checkbox"/> Asian or Asian British – Other | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> Black or Black British – African | <input type="checkbox"/> Black or Black British – Other |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other |
| <input type="checkbox"/> Not Known | |

MARITAL STATUS

Please tick appropriate box

I am: Married Single Other

DISABILITY

Do you consider yourself to have a disability?

Yes No If yes, are you registered? Yes No

Definition of Disability

If you have a disability or long-term health problem likely to last at least 12 months which affects the type of work you are able to do, please tick "Person with Disability" whether or not you are registered under the Disabled Persons Act.