Application Form

Please complete each section fully CVs will not be accepted



Application Received	Candidate Number						
I. Details of Position Applied For							
Application for the post of:							
2. Personal Details (IN BLOCK CAPITALS PLEAS	E)						
Title: Surname:	First name:						
Address (inc. Post Code):							
Email:	Tel:						
Do you have a clean, current, full driving licence?	□ Yes □ No						
Do you have regular use of a car for business use?	□ Yes □ No						
3. Do you have the right to work in the UK?							
□ Yes □ No							
Note: the Charity will require proof of this right before passport and/or any other appropriate document req required by the Asylum and Immigration Act 1996.	, ,						
4. Disability Discrimination Act 1995							
Section 1 of this Act describes a disabled person as which has a substantial or long-term effect on his/he							
Using this definition, would you consider yourself to be	pe disabled? □ Yes □ No						
If yes, do you require any special arrangements to be	e made to assist you if called for interview?						

5. History	of Emplo	yment		
Present c	or most red	cent employer:		
Position:			Salary:	
		nc. Post Code):		
Employer'	s Business	S:		
				:
Reason fo	or leaving (i	if applicable):		
		nmence working with us?		
Previous	employme	ent (most recent first, including any value of time are	oluntary work. F	Please use continuation
From	То	Employer's name & address	Position	Reason for leaving (This section must be completed)

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School/College/University/ Professional Body etc	From	То	Qualifications obtained/ Examinations pending	Grade/ level	Date(s)

7. Details of Courses Attended (e.g. managerial, professional etc.

Course/Subject Title	Organised by	Date(s)

8. References

Names and addresses of two referees, including telephone numbers if possible, who can comment on your aptitude and experience in relation to the position applied for. At least one should be your present employer (school or college, if a student), or your most recent employer.

Reference 1
Name:
Address (inc. Post Code):
Email: Tel:
Please state the capacity in which this referee knows you
Is it ok for us to contact this referee prior to interview? \Box Yes \Box No
Reference 2
Name:
Address (inc. Post Code):
Email: Tel:
Please state the capacity in which this referee knows you
Is it ok for us to contact this referee prior to interview? $\ \square$ Yes $\ \square$ No
9. Supporting Information
With reference to the Person Specification, please give details of how your experience meets our criteria. If necessary please continue on separate sheet(s). (Please state how many pages are attached.)

10. Rehabilitation of Offenders Act 1974						
Do you have any previous convictions (including convictions which for other purposes would be classed as 'spent' under the terms of the Rehabilitation of Offenders Act)? \Box Yes \Box No						
If YES please give details of offence(s) and sentence on a separate sheet, enclosed in an envelope marked 'Confidential' and addressed to The Chief Executive of Headway Cambridgeshire.						
11. Criminal Record Certificate(s)						
Your initial employment is conditional upon the provision of a satisfactory enhanced Criminal Records check. You will be required to consent to subsequent criminal record checks from time to time during your employment as deemed appropriate by the Company. In the event that such certificate(s) are not supplied your employment with us will be terminated.						
12. Convictions and Offences						
During your employment, you are required to immediately report to the Company any convictions or offences with which you are charged, including traffic offences.						
13. Declaration						
I declare that the information on this form is true and complete. I understand that any wilful misstatement or omission renders me liable to dismissal if engaged.						
Signature Date						
How did you hear of this vacancy? (If from an advertisement, please name the newspaper or journal						

Please return to: HR, Headway Cambridgeshire, The Old Maltings, 135 Ditton Walk, Cambridge, CB5 8PY



Equal Opportunities Monitoring

Candidate No:	

The information provided on this form will only be used for the purpose of health and safety and statistics. The information given will be treated in the strictest confidence and processed in accordance with the Data Protection Act 1998.

1.		Gender	
		Male	
		Female	
0		Ethnia massa	
2.		Ethnic group	
		White - British	
		White I rish	-4-).
		White – any other White background (please sta	ate):
		Mixed – White and Black Caribbean	
		Mixed – White and Black African	
		Mixed – White and Asian	oto).
		Mixed – Any other mixed background (please st	ale).
		Asian or Asian British - Indian	
		Asian or Asian British — Pakistani	
		Asian or Asian British — Bangladeshi	ound (places state):
		Asian or Asian British – Any other Asian Backgr Black or Black British – African	ourid (please state).
		Black or Black British – Caribbean	
		Black or Black British – Caribbean Black or Black British – Any other Black Background	ound (please state):
		Chinese	Junu (piease state).
		Other ethnic group (please state):	
		Chosen not to disclose:	
	<u> </u>	Onosen not to disolose.	
3.		<u>Age</u>	
		16 – 25 years	
		26 – 55 years	
		55 – 64 years	
		65+ years	
		Chosen not to disclose	
4.		Do you have a disability?	
••		Yes	No
		If Yes, is your disability:	
		Physical	Sensory
		Mental Health	Learning Disability
		Other (would you like to specify?)	
5.		Do you have support needs?	
		Yes	No