|  |  |  |  |
| --- | --- | --- | --- |
| C:\Users\LHickman\Desktop\Beacon_Logo_2014_NOSTRAP.jpg |  | | |
| Helping local people with sight loss | | |
| Wolverhampton Road East  Wolverhampton WV4 6AZ | T 01902 880 111  F 01902 886 795 | E enquiries@beaconvision.org  W www.beaconvision.org |

*Registered Charity No.: 216092*

# APPLICATION FOR EMPLOYMENT

Thank you for your interest in working with us. Attached with this form are the Job Description and Person Specification.

|  |  |  |  |
| --- | --- | --- | --- |
| Position applied for: |  | | |
| **YOUR DETAILS:** |  | | |
| Surname/Family Name: |  | | |
| First Name(s): |  | | |
| Telephone number where you can be contacted: | Day: Evening: Mobile: | | |
| e-mail address: |  | | |
| Address: |  | | |
|  | | | |
|  | | Post Code: |  |
| National Insurance No: |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PRESENT OR MOST RECENT EMPLOYMENT | | | | | |
| Name of Employer: |  | | | | |
| Address |  | | | | |
|  | | | Date Employment started: | |  |
| Telephone number : | | | | e-mail address: | |
| Job Title: | | | | Salary: | |
| Date left or period of notice required: | |  | | | |
| Reason for leaving (if applicable): | | | | | |
| Description of duties: | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREVIOUS EMPLOYMENT (MOST RECENT FIRST)** | | | |
| From  Month/Year | To  Month/Year | Employer | Description of Main Duties &  Reason for Leaving |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| EDUCATION | | | |
| Examinations/Qualifications  *Include those to be taken and non-examined courses, e.g. NVQ* | Awarding Body/  Institute | Date of  Qualification | Grades |
|  |  |  |  |

|  |  |
| --- | --- |
| RELEVANT TRAINING | |
| Please list training courses you have attended: | Date |
|  |  |
| INFORMATION IN SUPPORT OF YOUR APPLICATION | |
| Please give details below of skills, abilities, experience you have that are relevant to the vacancy applied for, including any voluntary work and community work: | |

|  |  |  |
| --- | --- | --- |
| OTHER INFORMATION | | |
| Do you have regular use of a car or motorcycle? | YES | NO |
| Do you have a valid driving licence?  If yes, list categories | YES | NO |
| Do you have any current endorsements? | YES | NO |
| If YES, give details: | | |

**Rehabilitation of Offenders Act 1974**

|  |  |  |
| --- | --- | --- |
| Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013)? | YES | NO |
| Details: | | |
| You may be requested to apply for a DBS Check in relation to the post for which you are applying, further information included. | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| REFERENCES Please provide the names, addresses and occupations of two persons for references. If you are currently in employment, please give present employer. Students should give senior tutor or studies supervisor. In unemployed, please give most recent employer. | | | | | | |
| Name: |  | |  | Name: |  | |
| Occupation: |  | |  | Occupation: |  | |
| Present Employer: | | |  |  | | |
| Address: | | |  | Address: | | |
|  | | |  |  | | |
|  | | |  |  | | |
| Telephone No:  Fax No: | |  |  | Telephone No:  Fax No: | |  |
| e-mail address: | |  |  | e-mail address: | |  |

#### I certify that the stated information on this application form and in all other supporting papers are true and correct. Failure to give correct information may result in an offer of employment being withdrawn, or disciplinary action or dismissal at a later date. I also give my consent to the processing of data contained or referred to on this form in accordance with the Data Protection Act, 1998.

**Signature: ……………………………………………………. Date: ……………………………..**

#### Please return this form marking the envelope ‘PRIVATE AND CONFIDENTIAL’ to:

**HR Manager, Beacon Centre for the Blind, address as front page or email to kjobling@beaconvision.org.**



|  |  |  |  |
| --- | --- | --- | --- |
|  | Helping local people with sight loss | | |
| Wolverhampton Road East  Wolverhampton WV4 6AZ | T 01902 880 111  F 01902 886 795 | E enquiries@beaconvision.org  W www.beaconvision.org |



###### EQUALITY MONITORING FORM

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Surname/Family Name: | | |  | | | | | |
| First Name (s): | | |  | | | | Title: |  |
| Marital Status: | | |  | | | | Do not wish to disclose | |
| Date of Birth: |  | | | Gender: | Male Female | | | |
| I would describe my race or ethnic group as:  ASIAN OR ASIAN BRITISH  Bangladeshi  Indian  Pakistani  Any other Asian Background  BLACK OR BLACK BRITISH  African  Caribbean  Any other Black Background  CHINESE OR OTHER  Chinese  Other  MIXED  Asian & White  Black African & White  Black Caribbean & White  Any other mixed background  WHITE  British  Irish  Any other White background  Do Not Wish to disclose | | | | | | | | |
| Nationality: | |  | | | | | | | |
| Religion: | |  | | | | Do not wish to disclose | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| The Disability Discrimination Act 1995 defines a “disabled person” as having “a physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out normal day to day activities”. It is very important that you declare your disability if you wish to have the protection of the law. | | | |
| Under this definition, do you consider yourself to be disabled? | YES | NO | Do not wish to disclose |
| If ‘YES’ please specify the nature of the disability: | | | |
| Are there any adjustments that Beacon Centre would need to make to help you for the purpose of: | | | |
| a. The Job |  | | |
| b. The Interview |  | | |

|  |  |  |
| --- | --- | --- |
| Are you in good health? | YES | NO |
| Do you smoke? | YES | NO |

I certify that I have read and understood the above and that the information I have given is true and correct.

Signature: ……………………………………………….. Date: …………………………………..