



Cricklade And District Community Association (CDCA)

Application Form

1. Personal Details (In confidence)	
Forenames	Surname & Title (Prof/Dr/Mr/Mrs/Miss/Ms/Other)
Present Address	Permanent Address (if different)
Post Code:	Post Code:
Other Contact Details	Home: _____ Mobile: _____ Work: _____ e-mail: _____

2. Vacancy details				
Post Applied For				
Where did you hear of this vacancy?	Newspaper Agency Job Centre Personal Introduction Other (please state) -----			
3. Present or most recent employment				
Name & address of employer	Dates From/To	Salary	Job title	Reason for leaving or wishing to leave (include notice period if applicable)
Key duties and responsibilities.				

4. Previous Employment

Previous Employers (please continue on separate sheet if necessary)	Dates From/To	Position & responsibilities	Reason for leaving

5. Academic Record

(If you are currently studying, please provide details of the qualifications you are studying for).

Details of schools attended, examinations/qualifications taken or to be taken (include subjects)	Results and grades
Name of University, College(s), Further Education	Full details of qualification obtained (Including Classification, if relevant)

6. Professional Record

Occupational training/job related courses (Name of Course & Content)

Membership of Professional Bodies

7. Relevant Skills, Knowledge and Experience

Please indicate why you are applying for this post and outline how your knowledge, skills and experiences meet the competencies required for this role (as detailed in the job specification). You should draw on your experiences from your current or previous roles or from other relevant situations (such as activities outside of work). (please continue over if necessary).

8. References

Please give names and addresses of two referees (who should not be related to you) who may be approached in connection with your application. The first must be your current or most recent employer.

Name:

Address:

e-mail Address:

Telephone number:

May we request a reference prior to interview? (please tick box that applies)

YES

NO

Name:

Address:

e-mail Address:

Telephone number:

9. Data Protection Statement

The information that you provide on this form and that obtained from other relevant sources will be used to process your application for employment. The personal information that you give us on this and the Equal opportunities form will also be used in a confidential manner to help us monitor our recruitment process.

If you succeed in your application and take up employment with us, the information will be used in the administration of your employment with us. We may also use the information if there is a complaint or legal challenge relevant to this recruitment process.

By signing the application form we will be assuming that you agree to the processing of sensitive personal data, (as described above), in accordance with our registration with the Data Protection Commissioner.

10. Asylum & Immigration Act 1996

Are you legally entitled to work in the UK?

Yes/No

(delete as appropriate)

In line with the Asylum and Immigration Act 1996 we have to ask for proof of your right to work in the UK. Therefore if you are invited to an interview we will require to see evidence of your NI number, Passport, or Work Permit details.

11. Health Record/Criminal Record

Have you any medical condition which might affect your ability to carry out the responsibilities of this post or which has been a factor in previous employment

Yes/No

(delete as appropriate)

(if yes please give further information)

Are you willing to be examined by a doctor appointed by the Company if required?

Yes/No

(delete as appropriate)

Have you been convicted of any criminal offences that are not yet spent under the Rehabilitation of Offenders Act 1974?

Yes/No

(delete as appropriate)

(If yes please give further information)

12. Declaration

I declare that the information given on all parts of this application form, and in any other forms or documentation which accompanies it, is, to the best of my knowledge, correct. I understand that giving false information will make my application unacceptable and, if I am appointed, lead to my dismissal. I accept that:

- If I am appointed, the information of this form may be used, in accordance with Schedule 2 of the Data Protection Act 1998, to form a part of my permanent personal record.

Signature:

Date:

If completed on-line please e-mail to: phillipa_knight@hotmail.co.uk

If by post please return this form to:

**Phillipa Knight
Cricklade Leisure Centre
Stones Lane
Cricklade
Swindon
SN6 6JW**