**APPLICANT MONITORING FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| **Post Title:** | **Post Location:** | | **Closing Date:** |
|  |  | |  |
| **Title:** | **Forenames:** | **Surname:** | **N I Number** |
|  |  |  |  |

|  |
| --- |
| **Asylum and Immigration** |

**If you are offered employment you must be able to produce the necessary documents to prove your right to work in the UK.**

|  |  |
| --- | --- |
| Gender: Male 🞏 Female 🞏 | Marital Status: Single (incl. divorced) 🞏 Married 🞏 |
| DOB: | Age: |

What is your nationality? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I would describe my ethnic origin as (please tick box):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| White British | 🞏 | White Irish | 🞏 | White – any other background | 🞏 |
| Asian/Asian British - Bangladeshi | 🞏 | Asian/Asian British - Indian | 🞏 | Asian/Asian British - Pakistani | 🞏 |
| Asian/Asian British – any other Asian background | 🞏 | Black/Black British – African | 🞏 | Black/Black British – Caribbean | 🞏 |
| Black/Black British – any other Black background | 🞏 | Mixed – White and Asian | 🞏 | Mixed – White and Black African | 🞏 |
| Mixed – White and Black Caribbean | 🞏 | Mixed – any other mixed background | 🞏 | Chinese | 🞏 |
| Any other | 🞏 | Not known / not provided | 🞏 |

Do you consider yourself to have a disability? Yes 🞏 No 🞏

if yes please state nature of disability

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you have a disability please let us know if there are any arrangements which we can make if should you be asked to attend for aptitude tests or interview? (E.g. someone to interpret sign language or an accessible car parking space etc)

If you have a disability are there any adjustments or aids that may assist you in carrying out the duties of this post?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Rehabilitation of Offenders Act 1974 (Exemption Order 1975) provides that all convictions and offences of whatever nature (including motoring offences) and whenever they were committed must be revealed when applying for this position. Please list all such convictions or offences below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Conviction** | **Nature of Summons/Charge**  **Caution/Allegation** | **Court** | **Sentence or Order** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**If none, please enter none\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional details:**

**Please state where you have seen this vacancy advertised or how you became aware of it?**

Newspaper 🞏 Job Centre Plus 🞏 Company Website 🞏 Other please specify 🞏

Are you related to a member of Choose Occupational Health? (If yes, state to whom and how you are related)Yes 🞏 No 🞏

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration**

The information that I have provided is correct to the best of my knowledge and belief and I understand that any false information may lead to any offer of employment being terminated or withdrawn.

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Please note that canvassing direct or indirect, will result in disqualification)

**Application for Employment**

Please ensure that all the areas in the General Information section are completed

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Post Title:** | | | | | **Post Location:** | | **Closing Date:** | |
|  | | | | |  | |  | |
| **Surname** | | **First Name & Initial(s)** | | **Home Telephone No. & Mobile No.** | | | **Email Address** | |
|  | |  | |  | | |  | |
| **Address** | | | | **Do you have a current Driving Licence?** | | | **Type of Driving Licence (include Group codes)** | |
|  | | | | Yes 🞏 No 🞏 | | |  | |
| **Give details of any penalties currently in force(Date/Offence code/Fine/Points)** | | |  | | | | | |
| **Education and Qualifications (most recent first)** | | | | | | | | |
| **Date obtained** | **Place of Study** | | | | | **Subject and Level** | | **Grade** |
|  |  | | | | |  | |  |
| **Additional skills and relevant training (including membership of professional bodies and any foreign language skills)** | | | | | | | | |
|  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment Details: Present Job or Last Job if currently unemployed** | | | | | | | | | |
| Post Title | Starting Date  (m/y) & Leaving Date (if applicable) | | | Grade and Salary | | Period of notice required | | Reason for leaving  (if last job) | |
|  |  | | |  | |  | |  | |
| Name, Address and Tel. No. of Current Employer | | | | | | | | | |
|  | | | | | | | | | |
| Brief Description of duties and responsibilities (including to whom you are/were accountable) | | | | | | | | | |
|  | | | | | | | | | |
| **Employment Details: Previous jobs (state most recent first)**  **Please cover the last five years in full including any periods of unemployment** | | | | | | | | | |
| Name and address of employer | | From (month and year) | To  (month and year) | | Post Title | | Duties and responsibilities | | Reason for leaving |
|  | |  |  | |  | |  | |  |
|  | |  |  | |  | |  | |  |
|  | |  |  | |  | |  | |  |

Please continue on a separate A4 sheet if necessary

|  |
| --- |
| **Personal Statement** |
| **Please give details as to why you consider yourself suitable for this post stating any skills, knowledge and/or experience, which are relevant to the job description/person specification provided.** |
|  |

Please continue on a separate A4 sheet if necessary (maximum 2 sided A4).

|  |  |  |
| --- | --- | --- |
| **Referees** | | |
| **Please provide the names and addresses of two personal referees:** | | |
| Name | Occupation / Job Title | Address and Telephone Number |
| 1. |  |  |
| 2. |  |  |

Do you object to your referees being contacted prior to interview?

Yes 🞏 No 🞏

Please be aware it is our policy to take up a combination of references from education / employment or personal covering the last five years.

**Additional Information**

All applications received will be retained for a period of six months, after such time they will be confidentially destroyed.

Please provide us with any dates within the next four weeks that you may not be available for Interview.

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

The information that I have provided is correct to the best of my knowledge and belief and I understand that any false information may lead to any offer of employment being terminated or withdrawn. I understand Canvassing will automatically disqualify. I also understand that the appointment may be subject to satisfactory

Criminal Record Reports and references.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_

**Application Forms should be returned via email to** [**office@chooseoh.co.uk**](mailto:office@chooseoh.co.uk) **or posted to Choose Occupational Health, 14 Hartington Place, Carlisle, CA1 1HL.**