

EDUCATION: Secondary, Further, Higher (in date order, starting with the most recent)

Please list the academic qualifications which you hold, proof of qualifications may be required.

Name of School / College etc	Full time / part time	Dates from – to	Qualifications, subject and grades obtained

MEMBERSHIP OF PROFESSIONAL BODIES

Name	Class of Membership	Admission Date

TRAINING AND PERSONAL DEVELOPMENT

Please list any vocational qualifications which you have undertaken and which you feel is relevant to your application. Proof of Vocational Training may be required.

Are you presently studying for any qualifications? YES/NO If yes, please provide details.

**IF YOU HAVE UNDERTAKEN ANY FORM OF WORK EXPERIENCE/YOUTH TRAINING,
PLEASE APROVIDE THE FOLLOWING DETAILS:**

Employer	From	To	Duties undertaken

PRESENT OR MOST RECENT EMPLOYMENT:

Employers Name and Address:

Nature of Business:

Post:

Salary:

Telephone (include Code):

Period of appointment - From :

To:

Brief description of duties and responsibilities (and reason for leaving if applicable). Please continue on a separate sheet as necessary.

PREVIOUS EMPLOYMENT (in date order starting with the most recent)— Please list all Employment, full and part time. Where there are any gaps in employment, please detail the reasons.

Job title – include brief description of duties and whether full or part time	From	To	Name, Address & Tel No of Employer and nature of business	Reason for leaving

OTHER RELEVANT INFORMATION AND EXPERIENCE

The information you provide in this section is important in assessing your application. Please use the space to state your reasons for applying for the post, relating to your skills, experience, personal qualities and training you have received to the requirements of the job which are contained in the job description and person specification.

For advice on completing this section please read the application guidance.

DO YOU CURRENTLY HOLD A FULL DRIVING LICENCE? YES NO

Details of endorsements _____

Would you have access to a vehicle for the purposes of carrying out employment with Age Concern Torfaen? YES NO

AGE CONCERN TORFAEN WELCOMES APPLICATIONS FROM PEOPLE WITH DISABILITIES

Do you consider yourself to be a disabled person? YES NO

If yes, please provide brief details.

Age Concern Torfaen wish to ensure that disabled applicants are not deterred from applying by any particular needs they may have as either interviewees or potentially as employees. If there are any arrangements we could make to assist the fair consideration of your application, you can use the space below to provide any information you feel relevant, or contact Age Concern Torfaen directly, if you are invited for an interview.

ADDITIONAL INFORMATION

Please give details of your total absence from work over the previous 12 months.

Please indicate where you saw the post advertised.

Have you ever been convicted, cautioned, reprimanded or warned for any criminal offence?

Applications for certain positions are subject to a disclosure check by the Criminal Records Bureau. (Please note that the law states that those people who work with vulnerable adults have to go through an Enhanced Disclosure Check by the Criminal Record Bureau). Please be assured that all information will be treated in the strictest confidence.

MEDICAL STATEMENT

As a requirement of employment with Age Concern Torfaen, all staff are required to make a declaration with regard to the state of their physical and mental health as it affects their ability to carry out their work.

Please could you therefore sign and date the statement below.

I declare that to the best of my knowledge that I am not aware of any physical or mental condition which prevents me from carrying out the duties described in the job description on behalf of Age Concern Torfaen.

Signature _____ Date: _____

Please return your application form to:

**Human Resources
Age Concern Torfaen
Widdershins
East Avenue
Off Greenhill Road
Sebastopol
Torfaen
NP4 5AB**

www.ageconcerntorfaen.org

Telephone: 01495 769264 – Please ask for the Human Resources Department

Equal Opportunities monitoring

Age Concern Torfaen is committed to a policy of equality of opportunity and aims to provide a working environment that is free from unfair discrimination. Age Concern Torfaen aims to ensure that applicants are not discriminated against on the grounds of sex, marital status, age, colour, ethnic origin, religion, sexual orientation or disability. This form is used to monitor the effectiveness of our policies and procedures and meet legal requirements, which is why it is important that all applicants complete this form. The information you provide will be treated as confidential and will be used only for these stated purposes and will NOT be used in the selection process.

Post title:		Date of Birth:	
Title:			
Surname/Family name:			
First name(s):			Email Address:
Please state where you saw this post advertised:			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
What is your Nationality ? (this refers to your legal nationality, as noted on your passport):			
Can you speak Welsh ? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ethnic origin: how would you describe your ethnic origin?			
	ASIAN	BLACK	CHINESE
<input type="checkbox"/>	Indian	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Chinese
<input type="checkbox"/>	Pakistani	<input type="checkbox"/> African	<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/> Black - Other	<input type="checkbox"/> White and Black African
<input type="checkbox"/>	Asian - Other		<input type="checkbox"/> White and Asian
			<input type="checkbox"/> Mixed - Other
			<input type="checkbox"/> British
			<input type="checkbox"/> British English
			<input type="checkbox"/> British Scottish
			<input type="checkbox"/> British Welsh
			<input type="checkbox"/> Irish
			<input type="checkbox"/> White - Other
<input type="checkbox"/>	Other Ethnic	Please state:	
Disability/III Health: do you consider yourself to have a physical or mental impairment which has a substantial and adverse long-term effect on your ability to carry out normal day-to-day activities? <input type="checkbox"/>			
Yes <input type="checkbox"/> No			
I confirm that the information given on this form is, to the best of my knowledge, true and complete.			
Signed:		Date:	