

CONFIDENTIAL



**ST BENEDICT'S, EALING
EMPLOYMENT APPLICATION FORM**

1. PERSONAL DETAILS

Application for the position of _____

Surname _____ Title _____

Forename(s) _____

Address _____

Home Telephone Number _____

Mobile Telephone Number _____

Email Address _____

Work Telephone Number _____

National Insurance Number _____

Work Permit Details, if appropriate _____

4. REFERENCES

Please give details of two referees who are able to describe your suitability for the post. One referee should be your most recent or present employer, unless you have not worked before. Please tick the boxes **only** if you **do not want** the referee(s) to be contacted prior to interview.

(i) Name _____

Occupation _____

Address _____

Telephone _____

E-mail _____

(ii) Name _____

Occupation _____

Address _____

Telephone _____

E-mail _____

If your referees knew you by another name write that name in the space

Please give any dates when you are not available for interview

5. QUALIFICATION / TRAINING

(Please give details of any qualifications you have obtained, or training courses you have attended)

Courses followed	Training courses description	Examinations passed, if any	Grades obtained	Dates

9. REHABILITATION OF OFFENDERS ACT 1974

If you have no convictions, simply enter 'NIL'. If you have been convicted of a criminal offence, the details must be listed below, together with any pending criminal convictions. Please see the Notes for Applicants for guidance.

Date of conviction/pending hearing	Offence	Sentence

DATA PROTECTION ACT 1998

I hereby give my consent for personal information (including recruitment monitoring data) provided as part of this application to be held on computer or other relevant filing systems and to be shared with other accredited organisations or agencies in accordance with the Data Protection Act 1998.

Signature _____

10. PRE EMPLOYMENT MEDICAL QUESTIONNAIRE

The following information will be treated in the strictest confidence and should be completed by you to the best of your knowledge and belief at the time of writing. We will not contact your doctor without your prior written consent.

Surname: _____ Forename(s): _____

Address: _____

Post Code: _____

Name of Doctor: _____

Doctors Address: _____

Please answer the following questions. If the answer is YES then please provide full details in the space provided below. Have you at any time suffered from the following conditions:

Allergies

Allergies Yes No
 Asthma Yes No
 Hay Fever Yes No

Cardio-Vascular

Chest Pain Yes No
 Heart Disorder Yes No
 High Blood Pressure Yes No
 Palpitations Yes No
 Rheumatic Fever Yes No

Digestive System

Hernia Yes No
 Jaundice Yes No
 Peptic Ulcer Yes No

Genitourinary

Kidney Stones Yes No
 Sugar/Albumin urine Yes No

Miscellaneous

Anaemia Yes No
 Anxiety Yes No
 Blood Disorder Yes No
 Cancer Yes No
 Depression Yes No
 Diabetes Yes No
 General Debility Yes No
 Insomnia Yes No
 Skin Disorder Yes No

Musculoskeletal

Arthritis Yes No
 Backache Yes No
 Back Injury Yes No
 Disc Disorder Yes No
 Gout Yes No
 Joint/Tendon disorder Yes No
 Rheumatism Yes No

Neurological

Dizzy Spells Yes No
 Epilepsy Yes No
 Fainting Attacks Yes No
 Paralysis Yes No
 Severe Headaches Yes No

Respiratory

Chronic cough Yes No
 Pleurisy Yes No
 Pneumonia Yes No
 Sinusitis Yes No
 Tuberculosis Yes No

Senses

Colour Blindness Yes No
 Ear Disorder Yes No
 Eye Disorder Yes No
 Nose Disorder Yes No
 Throat Disorder Yes No

11. DISABILITY MONITORING

Definition of disability ‘a physical or mental impairment which has a substantial and long term effect on a person’s ability to carry out normal day to day activities’.

Do you have a disability, long-term illness (mental or physical), on-going medical condition or treatment that we should be aware of? YES NO

Please give brief details of your disability and any reasonable adjustments you anticipate to your workplace or equipment you consider necessary to attend interview or to undertake the duties outlined in the job description.

12. DECLARATION

If you know that any of the information you have given on this application form is false or if you have knowingly omitted or concealed any relevant fact about your eligibility for employment then your name will be withdrawn from the list of candidates.

If such a discovery is made after you have been appointed then you will be liable to be dismissed.

I hereby certify that all the information given by me on this form is correct to the best of my knowledge, that all the questions relating to me have been accurately and fully answered and that I possess all the qualifications which I claim to hold.

Signature _____ Date _____

(The post will be subject to the terms and conditions of the St Benedict's contract.)

ASYLUM AND IMMIGRATION ACT 1996

In accordance with the Asylum and Immigration Act 1996, the Governing Body will require new members of staff to provide documentary evidence that they are legally entitled to live and work in the United Kingdom. Upon taking a post candidates should provide one of the official documents listed in the **Notes for Applicants**.

NOTES TO APPLICANTS

- 1. Rehabilitation of Offenders Act 1974:** You must declare all convictions that you have, including motoring offences and all convictions that have become 'spent'.
- 2. Asylum and Immigration Act 1996: Upon taking a post applicants should provide one of the following from the list of official documents:**
 - a. A document from a previous employer, the Inland Revenue, the Benefits Agency, the Contributions Agency or the Employment Service (or their Northern Ireland equivalents), showing your name and National Insurance number. This could be a P45, a pay slip, a P60, a National Insurance card or a letter issued by one of the Government bodies concerned.
 - b. A passport describing you as a British citizen or as having the right of abode in or an entitlement to readmission to the United Kingdom.
 - c. A passport containing a Certificate of Entitlement issued by or on behalf of the Government of the United Kingdom certifying that you have the right of abode in the United Kingdom.
 - d. A certificate of registration or naturalisation as a British citizen.
 - e. A birth certificate issued in the United Kingdom or in the Republic of Ireland.
 - f. A passport or national identity card issued by a State which is a party to the European Economic Area Agreement and which describes you as a national of that State.
 - g. A passport or other travel document endorsed to show that you are exempt from immigration control, have indefinite leave to enter, or remain in, the United Kingdom or have no time limit on your stay; or a letter issued by the Home Office confirming that you have such status.
 - h. A passport or other travel document endorsed to show that you have current leave to enter or remain in the United Kingdom and are not precluded from taking the employment in question; or a letter issued by the Home Office confirming that this is the case.
 - i. A United Kingdom residence permit issued to you as a national of a State which is a party to the European Economic Area Agreement.
 - j. A passport or other travel document endorsed to show that you have a current right of residence in the United Kingdom as the family member or a named national of a State which is a party to the European Economic Area Agreement and who is resident in the United Kingdom.
 - k. A letter issued by the Immigration and Nationality Directorate of the Home Office indicating that you are a British citizen or have permission to take employment.
 - l. A work permit or other approval to take employment issued by Work Permits (UK) or, in Northern Ireland, by the Training and Employment Agency.
 - m. A passport describing you as a British Dependent Territories citizen and which indicates that the status derives from a connection with Gibraltar.



INVESTOR IN PEOPLE

Please return completed form to:

Payroll Officer

St Benedict's Trust Office

54 Eaton Rise

Ealing

London

W5 2ES

Telephone: 020 8862 2185

Email: hr@stbenedicts.org.uk

Website: www.stbenedictsealing.org.uk

Registered Charity Number: 242715

RECRUITMENT MONITORING INFORMATION

Job title _____

Surname _____ Forename(s) _____

Date of birth _____

This form is part of our equal opportunities policy and will help us to ensure we comply with anti-discrimination legislation. In particular, completion of this section will help us fulfil our general duty under the Race Relations (Amendment) Act 2000 to eliminate unlawful discrimination, to promote equality of opportunity and to promote good relations between people of different racial groups, and our specific duty under the Act to monitor, by reference to racial group, applicants for employment and staff in post. The information provided will be used for monitoring and statistical purposes only and WILL BE REMOVED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING.

The categories below are in line with the 2001 census

Ethnic origin

I would describe my ethnic group as:

1. White

- British
- English
- Scottish
- Welsh
- Irish
- Any other White background

Please specify _____

2. Black or Black British

- African
- Caribbean
- Any other Black background

Please specify _____

3. Mixed

- White & Asian
- White & Black African
- White & Black Caribbean
- Any other Mixed background

Please specify _____

4. Asian or Asian British

- Bangladeshi
- Indian
- Pakistani
- Any other Asian background
- Please specify _____

5. Chinese or Other ethnic group

- Chinese
- Other ethnic group
- Please specify _____

2. Gender

- Female
- Male

The information contained on this form will be held on a computer file