

CHWARAE TEG APPLICATION FOR EMPLOYMENT

Post Applied For:

| PERSONAL DETAILS | |
|-----------------------------|--|
| Last Name: | |
| First Name (initials only): | |
| Address: | |
| Post Code: | |
| Telephone Number: | Home..... Work..... |
| May we contact you at work? | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| E-mail address: | |

| PRESENT/MOST RECENT EMPLOYMENT | |
|---|-----------------|
| Name of Employer: | |
| Address: | |
| Post Held: | |
| From (month/year): | To: |
| Current Salary: | |
| Please state your period of notice: | |
| Please outline your main duties and responsibilities (continue on a separate sheet if necessary): | |

PREVIOUS WORK EXPERIENCE - please provide details of all your previous work experience. This can include any unpaid or voluntary work that you may have undertaken. (Continue on a separate sheet if necessary.)

| Name and Address of Employer | From – To (Month/Year) | Post held and brief outline of duties. |
|------------------------------|---------------------------|--|
| | | |

QUALIFICATIONS (Academic/professional) – *please list in reverse chronological order (most recent first)*

DETAILS OF ANY RELEVANT TRAINING
(including any short courses)

ADDITIONAL INFORMATION

Read the job description and the person specification and state how you meet the requirements of this post. Give examples of your knowledge, experience or skills that you consider relevant to this position including skills or experience gained through voluntary or unpaid work, community activities or through domestic/family experience. (Please continue on separate page if necessary - number and reference extra pages)

How did you learn of this vacancy?

REFERENCES

Please provide the names, addresses and telephone numbers of two referees – one of which must be your current or most recent employer:

1.

2.

When may your referees be asked for a reference:
(please tick one box only)

- a. Prior to shortlisting
- b. Only if you are offered an interview
- c. Only if you are offered the post

DRIVING LICENCE STATUS

Do you hold a current driving licence YES NO

Status Full/ Provisional

Do you have sole use of a vehicle? YES NO

Language Skills:

Verbal:

Welsh : None Learning Beginner Learning Improver Fluent
English: None Learning Beginner Learning Improver Fluent

Additional Comments:.....
.....
.....

Written:

Welsh: None Learning Good Excellent
English: None Learning Good Excellent

Additional Comments.....
.....
.....

Any other languages:.....

Before a formal offer of appointment is made the Organisation will seek verification of the details provided by the successful candidate about their present/most recent employment. The successful candidate will also have to produce evidence of educational qualifications and a copy of their birth certificate and proof that they are eligible to work in the UK.

I understand that information supplied on this application form may be used for monitoring purposes. I agree that, subject to a formal offer of employment being made, references may be obtained.

The statements made by me in this application are true to the best of my knowledge and belief. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signature: Date:

Please return the completed form to:

Ann Elliot
Resource Manager
Chwarae Teg
Anchor Court
Keen Rd
CF24 5JW

EQUAL OPPORTUNITIES MONITORING FORM

Post Applied for: Post Number if applicable:

Data Protection Act 1998

We will store the information you give on this form either on computer or as manual records. We will only use it to monitor how our equal opportunities and related employment policies are put into practice. We will not use it for any other purposes or reveal it to any other organisations except under statutory obligations.

This organisation is fully committed to the successful development of an Equal Opportunities Policy in relation to the recruitment and selection of staff. The success of this policy is very much dependent upon the co-operation of applicants for posts within this organisation completing the information requested on this form, and thereby enabling effective policy monitoring. *The information you provide will be treated in the strictest confidence and will not be available to members of the Selection Panel.*

SECTION 1

I am: MALE FEMALE

SECTION 2

How would you describe your ethnic origin?

| | | | | | |
|--------------|--------------------------|----------------------------|--------------------------|-------------------------------|--------------------------|
| White | | Mixed | | Asian or Asian British | |
| British | <input type="checkbox"/> | White and Black Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> |
| Irish | <input type="checkbox"/> | White and Black African | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> |
| Scottish | <input type="checkbox"/> | White and Asian | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Welsh | <input type="checkbox"/> | Any other mixed background | <input type="checkbox"/> | Any other Asian background | <input type="checkbox"/> |
| Other | <input type="checkbox"/> | | | | |

Please give details.....Please give details..... Please give details.....

| | | | |
|-------------------------------|--------------------------|--------------------------------------|--------------------------|
| Black or Black British | | Chinese or other ethnic group | |
| Caribbean | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| African | <input type="checkbox"/> | Any other ethnic group | <input type="checkbox"/> |
| Any other Black background | <input type="checkbox"/> | Please give details..... | |

Please give details.....

These categories are those used in the 2001 census and are recommended for use by the Commission of Racial Equality.

SECTION 3

AGE Please tick appropriate box

16-19 20-29 30-39 40-49 50-59 60+

SECTION 4

DISABILITY

Are you a person with a disability? YES NO

Signed: Dated:

Thank you for taking the time to complete this form.