**Application Form**

Please ensure that all areas of this form are completed - failure to do so may result in elimination from the recruitment process. Please note that HWGTA will always check suitability to work with children and young adults.

Please also note these details are used for internal recruitment purposes only. We will not forward your details to any third parties for any reason. Following a recruitment decision, all details are held on file for 18 months and then destroyed in a secure manner.

|  |  |
| --- | --- |
| Position Applied For: |  |
| Name: |  |
| Address:Postcode:  |  |
| Please provide your contact details below: | Please indicate if you are happy to be contacted using this number or email address |
| Telephone number daytime |  | Yes | No |
| Telephone number evening |  | Yes | No |
| Mobile number |  | Yes | No |
| Email address |  | Yes | No |

**Qualifications**

Please attach your CV, with the following detail:

* Qualifications list including Name and Level (where applicable)
* Date of Achievement
* Awarding Body (where applicable)

**Employment History**

Please attach your CV, with the following detail:

* Employer name
* Job title and key responsibilities
* Length of service
* Reason for leaving

**Please read the job specification and outline in your own words your suitability to the vacancy, continue on a separate page if appropriate:**

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|  |  |
| --- | --- |
| Have you applied for any positions at HWGTA in the past? If yes, please give details. |  |
| Please give details of any criminal convictions. |  |
| Do you hold a full and clean driving licence? (Give details of any penalty points or disqualifications including dates) |  |
| Do you need a work permit to work in the UK? |  |
| What are your salary expectations for this role? |  |
| Are you looking for a full-time or part time position? |  |
| If looking for a part time position, please tick the days you wish to work and indicate the hours. | Days | Hours |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |

**Please supply the contact details of two referees, one of whom must be your current or last employer and one from a personal contact, who you are not related to:**

|  |  |  |
| --- | --- | --- |
|  | Referee 1 – Employment | Referee 2 – Personal |
| Name |  |  |
| Job title |  |  |
| Relationship to you |  |  |
| Address |  |  |
| Email address |  |  |
| Daytime telephone number |  |  |
| Please indicate if you are happy for the referee to be contacted prior to interview |  |  |

**Interview arrangements and availability**

If you have a disability, please tell us if there are any reasonable adjustments we can make to help you in your application or with our recruitment process.

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|  |

Are there any dates when you will not be available for interview?

|  |
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|  |

I confirm that the information provided on this application form is accurate and understand that any inaccurate information could result in termination of any future employment with Herefordshire and Worcestershire Group Training Association

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**Equality and Diversity Information**

The following information is used to monitor equal opportunities and will not be considered in the recruitment and selection process

|  |  |
| --- | --- |
| Date of Birth |  |

**Ethnicity Details**

Please tick the box that applies to you:

|  |  |
| --- | --- |
| Bangladeshi |  |
| Black African |  |
| Black Caribbean |  |
| Black Other |  |
| Chinese |  |
| Indian |  |
| Pakistani |  |
| White |  |
| Other |  |
| Prefer not to say |  |

**Disability**

|  |
| --- |
| Do you consider yourself to have a disability or have any ongoing health issues, if yes please give details: |