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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | EMPLOYMENT APPLICATION FORM The Wish Centre | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| **SECTION A**  **POSITION APPLIED FOR:** | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| **The following information will be treated in the strictest confidence and not shared with the shortlisting panel.** | | | | | | | | | | | | | | |
| **PERSONAL** | | | | | | | | | | | | | | |
| (Please complete this section in BLOCK CAPITALS) | | | | | | | | | | | | | | |
| Surname: |  | | | | | First Name(s): | | |  | | | | | |
| Address: |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
|  | | | | | | | | | | Postcode: | | |  | |
|  | | | | | | | | | | | | | | |
| Contact Tel. No: | | | | | | Date of Birth: | | | | | | | | |
| Email Address: | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | |
| Full Driving Licence: | | |  | | | | Endorsements: | | | | | | |  |
| \* If YES, please give further details including dates. | | | | | | |  | | | | | | | |
|  | | |  | | | |  | | | | | | | |
| Are you involved in any activity which might limit your availability to work or your working hours e.g. local government? | | | | | | | | | | |  | | | |
| If YES, please give full details. | | | |  | | | | | | | | | | |
| Are you subject to any restrictions or covenants which might restrict your working activities? | | | | | | | | | | |  | | | |
| If YES, please give full details | | | |  | | | | | | | | | | |
| Have you any convictions (including any unspent / other than spent convictions) under the Rehabilitation of Offenders Act 1974)? | | | | | | | | | | |  | | | |
| If YES, please give full details | | | |  | | | | | | | | | | |
| You may be required, if offered employment, as part of your Application to complete a Pre-Employment Medical Questionnaire. Are you prepared to undergo a medical examination prior to employment? | | | | | | | | | | |  | | | |
| Have you ever worked for The Wish Centre before? | | | | | | | | | | |  | | | |
| If YES, please give full details- | | | | | | | | | | | | | | |
| Have you applied for employment with The Wish Centre before? | | | | | | | | | | |  | | | |
| Do you need a work permit to take up employment in the UK? | | | | | | | | | | |  | | | |
| How much notice are you required to give to your current employer? | | | | | | | |  | | | | | | |

### REFERENCES

Please provide the details of 2 referees that we can contact for references. At least one of these should be your current or most recent employer:

Referee 1:

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Employer/Company |  |
| E-mail address |  |
| Telephone |  |
| Can we contact them prior to interview | Yes/No |

Referee 2:

|  |  |
| --- | --- |
| Name |  |
| Relationship |  |
| Employer/Company |  |
| E-mail address |  |
| Telephone |  |
| Can we contact them prior to interview | Yes/No |

### EQUALITY & DIVERSITY MONITORING

The Wish Centre is committed to promoting equality, diversity, and inclusion in all aspects of our work. We welcome applications from individuals of all backgrounds and identities and would appreciate it if applicants could complete the below questions to enable us to monitor the diversity of our applicants and assist us in improving out recruitment methods.

This information will be held strictly confidentially within HR, used anonymously for monitoring purposes only and is voluntary. If you are happy to provide this information, please click on the following link: [Equality & Diversity Monitoring Form](https://forms.office.com/e/QWCg6Yxyuj)

### DISCLOSURES

Given the nature of the job applied for, in the event that I am offered the position, I understand that any offer of employment is subject to information on my criminal record being disclosed by the Disclosure and Barring Service

**DECLARATION**

I declare that the information given in this form is complete and accurate. I understand that any false information or deliberate omissions will disqualify me from employment or may render me liable to summary dismissal

I understand these details will be held in confidence by the Organisation, for the purposes of assessing this application, ongoing personnel administration and payroll administration (where applicable) in compliance with the GDPR.

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