

# Job Application Form

The information you supply on this form will be treated in confidence

Post Applied for:

Closing Date:

Please complete this form fully using black ink or type. Application forms can be produced in an alternative accessible format on request. CV's are not accepted. **Details entered in this part of the form will be held separately. Access to this information will be withheld from the short listing panel.**

## Personal information

Surname:

First Name:

Previous  
Surname:

Title:

Middle Name:

Address:

  
  

Postcode:

Home Telephone N<sup>o</sup>:

National Insurance N<sup>o</sup>:

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Mobile Telephone N<sup>o</sup>:

Work Telephone N<sup>o</sup>:

E-mail address:

\*Can we contact you at work?

Yes

☐

No

☐

\*Do you hold a full UK driving  
license?

Yes

☐

No

☐

\*Are you free to remain and take up employment in  
the UK with no current immigration restrictions?

Yes

☐

No

☐

\*Please tick appropriate box

If No, please provide further details below

If you are invited for interview you will be required to provide copies of relevant documents for identification purposes prior to interview and the originals at the interview.

## Present Employment

Please record below the details of your current or most recent employer.

**Name of Employer:**

**Address:**

**Postcode:**

**Telephone No:**

**Job Title:**  **Salary:**

**Date of Appointment:**  **Last day of service:**   
(if no longer employed)

**Department /Section:**

**Type of business:**

**Brief description of duties:**

Continue on a separate sheet if necessary

**Reason for leaving**  
(if no longer employed):

**Period of notice:**

## Employment History

Please record below the details of your previous employment

<b>Name of Employer:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>Job Title:</b>	<input type="text"/>
<b>Nature of Business:</b>	<input type="text"/>
<b>Brief summary of duties:</b>	<input type="text"/>

<b>Date of Appointment:</b>	<input type="text"/>	<b>Last day of Service:</b>	<input type="text"/>
<b>Reason for leaving:</b>	<input type="text"/>		

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<b>Name of Employer:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
<b>Job title:</b>	<input type="text"/>
<b>Nature of Business:</b>	<input type="text"/>
<b>Brief summary of duties:</b>	<input type="text"/>

<b>Date of Appointment:</b>	<input type="text"/>	<b>Last day of Service:</b>	<input type="text"/>
<b>Reason for leaving:</b>	<input type="text"/>		

Continue on a separate sheet if necessary

## Education

Include in this section all your relevant qualifications. Please also indicate subjects currently being studied. **If you are invited for interview you will be required to provide copies of the qualification certificates prior to interview and the originals at the interview.**

College or University	Course	Result / Grade	Year
School	Subjects	Qualifications and grades obtained	Year

Continue on a separate sheet if necessary

## Professional, Technical or Management

Please give details:

Professional/Technical/Management Qualifications	Course Details	Result / Grade	Year

Membership of any Professional bodies:

Membership/Registration number:		Expiry/Renewal date	
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## Training Courses

Please give details of any training and development courses or non-qualifications courses which support your application.

Title of Training Course	Training Provider	Duration	Year

## Personal Statement

In this box please give your reasons for applying for this post and additional information which shows how you match the person specification. This can include relevant skills, knowledge, experience, voluntary activities and training etc.

Continue on a separate sheet if necessary

## Personal Interests

Please tell us of any hobbies or interests you have.

## Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities.

If you have a disability, please state if you require any reasonable adjustments to be made during the recruitment process including interview and provide details below

**We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.**

## Rehabilitation of Offenders Act (1974)

**Do you have any convictions that are unspent under the rehabilitation of offenders act 1974?**

Yes ☐

No ☐

**If yes, please give details / dates of offence(s) and sentence:**

## Health

Successful applicants will be required to complete a detailed medical questionnaire and may be required to attend a medical examination prior to being appointed.

**Number of days sickness in last 2 years:**

**Please state number of occasions in the last 2 years:**

## References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2					
Name:	<input type="text"/>	Name:	<input type="text"/>				
Job title:	<input type="text"/>	Job title:	<input type="text"/>				
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>				
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>				
Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
	<table><tr><td>Postcode</td><td><input type="text"/></td></tr></table>	Postcode	<input type="text"/>		<table><tr><td>Postcode</td><td><input type="text"/></td></tr></table>	Postcode	<input type="text"/>
Postcode	<input type="text"/>						
Postcode	<input type="text"/>						
Telephone N <sup>o</sup> :	<input type="text"/>	Telephone N <sup>o</sup> :	<input type="text"/>				
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>				

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

Are you willing for this referee to be approached prior to the interview?

Yes

☐

No

☐

## Declaration

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

**I acknowledge that the information given is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent dismissal if employed by the organisation. Where applicable, I consent that the organization can seek clarification regarding professional registration details.**

Signed:

Date:

## RETURNING THIS FORM

By Post  
UK NEQAS Central Office  
C/O Julie Gelder  
Po Box 401  
Sheffield  
S5 7YZ

By E- Mail  
julie@ukneqas.org.uk  
Enquiries  
Telephone 0114 2611689  
Fax 0114 2611049