



Post Applied for: Date

Section 1 - Personal Details

Full Name: Telephone Number:

Title: Miss Mrs Ms Mr Dr Other Mobile Number:

Address:

 Email:

Postcode:

How did you hear of this post:

Do you hold a full driving licence:? Yes: No:

Section 2 - Present (or immediate past) employment

Current Position or Job Title: Date Commenced: Salary/Rate of Pay:

Name of Employer: Nature of Employer's Business:

Address of Employer:
 Notice Period:

Specific Duties/Responsibilities:

Continue on a separate sheet if necessary

Why are you looking to leave your current employer:



Section 3 - Previous Employment

Position or Job Title:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
Name of Employer:	<input type="text"/>	Address of Employer:	<input type="text"/> <input type="text"/>		
Specific Duties/Responsibilities:	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Position or Job Title:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
Name of Employer:	<input type="text"/>	Address of Employer:	<input type="text"/> <input type="text"/>		
Specific Duties/Responsibilities:	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				

Position or Job Title:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
Name of Employer:	<input type="text"/>	Address of Employer:	<input type="text"/> <input type="text"/>		
Specific Duties/Responsibilities:	<input type="text"/>				
Reason for Leaving:	<input type="text"/>				



Section 4 - Education and Training

Please list the highest qualification first:

Name of Institution:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
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Subjects/Course:	<input type="text"/>
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Qualification Achieved:	<input type="text"/>
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Name of Institution:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
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Subjects/Course:	<input type="text"/>
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Qualification Achieved:	<input type="text"/>
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Name of Institution:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
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Subjects/Course:	<input type="text"/>
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Qualification Achieved:	<input type="text"/>
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Continue on a separate sheet if necessary

Professional, technical or management qualifications

Name of Institution:	<input type="text"/>	Date Commenced:	<input type="text"/>	Date Finished:	<input type="text"/>
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Subjects/Course:	<input type="text"/>
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Qualification Achieved:	<input type="text"/>
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Membership of any Professional/Technical Associations (If Applicable):

<i>Professional Body</i>	<i>Membership Grade and/or Reg/PIN no.</i>	<i>Registration renewal date</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue on a separate sheet if necessary

Training and Development

Subjects/Course:	<input type="text"/>
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Subjects/Course:	<input type="text"/>
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Section 5 - Working for Heathlands Village

What do you expect the job you are interested in to involve?

Why do you think you are suited to this type of work?

Please give further details about your career and any other information that you feel would give a fair and accurate outline of yourself in support of this application

Please give any details of personal interests e.g. hobbies, sporting activities, charity work etc.

Please state the reason why you applied for this vacancy

Computing Skills (Please tick best description)

Advanced Competent Some knowledge Undeveloped

References

Please give the names and addresses of two people from whom references may be obtained (one must be your current/recent employer and the other a previous employer).

Full Name:

Address:

Tel Number:

Email:

Full Name:

Address:

Tel Number:

Email:

If you are shortlisted can we contact this person prior to interview? Yes
No

If you are shortlisted can we contact this person prior to interview? Yes
No



Section 6 - Equal Opportunities

This section is used for statistical and data recording purposes only and will not be used as criteria for interview

Post Applied for:

Date:

Full Name:

Sex: Male Female:

Title: Miss Mrs Ms Mr Dr Other

Are you related to any member or holder of any post within Heathlands Village?

Yes: No:

Name(s):

Applicants will be required to demonstrate an appropriate level of fitness for the duties of the post before an offer of appointment is confirmed. This may include a medical examination and the completion of a Declaration of Health form. Further details will be given at interview.

Do you consider yourself to have a disability as defined by the Disability Discrimination Act 1995? Yes: No:

If yes, please describe and indicate if there are any special arrangements we need to make on your behalf:

Ethnic Categories - Please tick the appropriate box

- | | | |
|-----------------------------------|---|---|
| (A) White | <input type="checkbox"/> British (A) | <input type="checkbox"/> Irish (B) |
| | <input type="checkbox"/> Any Other White Background (C) | |
| (B) Mixed | <input type="checkbox"/> White and Black Caribbean (D) | <input type="checkbox"/> White and Black African (E) |
| | <input type="checkbox"/> White and Asian (F) | <input type="checkbox"/> Any Other Mixed Background (G) |
| (C) Asian or Asian British | <input type="checkbox"/> Indian (H) | <input type="checkbox"/> Pakistani (J) |
| | <input type="checkbox"/> Bangladeshi (K) | <input type="checkbox"/> Any Other Asian Background (L) |
| (D) Black or Black British | <input type="checkbox"/> Caribbean (M) | <input type="checkbox"/> African (N) |
| | <input type="checkbox"/> Any Other Black Background (P) | |
| (E) Other Ethnic Group | <input type="checkbox"/> Chinese (R) | <input type="checkbox"/> Any Other Ethnic Group (S) |
| (F) Not Stated | <input type="checkbox"/> Not Stated (Z) | |

How many days illness have you had which have prevented you from attending work in the last 2 years?



Please provide full details and dates of all your convictions except those that have been 'spent' under the Rehabilitation of offenders Act 1974.

Are you eligible to work in the UK?

Declaration

I declare that all the foregoing statements are true and complete to the best of my knowledge and understand that if successful my appointment will be subject to a satisfactory medical and Criminal Records Bureau check and 2 satisfactory references.

Signature _____

Date: _____

Returning this Form

By Hand or Post:

Human Resources
Heathlands Village
Heathlands Drive
Prestwich
Manchester
M25 9SB

By Email:

dfranks@heathlandsvillage.co.uk

Telephone Enquiries:

0161 772 4800

Heathlands Village undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the Data Protection Act 1998.