



QUAGGY DEVELOPMENT TRUST
*Improving the lives of
local children and families*

Job Application Form

Please complete this form in black ink and forward to:

Quaggy Children's Centre, (private and confidential)

Orchard Hill, Lewisham, London, SE13 7QZ

Post Applied For:

Personal Details
Surname: _____ Title: _____
Forename: _____
Date of Birth: _____
Address: _____ _____ _____
Post code: _____
E mail Address: _____
Day time telephone number: _____
Mobile Telephone number: _____
Evening Telephone number: _____

National Insurance Number:

If you require a work permit in the United Kingdom, can you provide evidence that you hold one?

Are you related to any member of the Trustees of Quaggy Development Trust?

Please indicate number of day's absence due to sickness in the last 2 years.....Days

Reason for illness

.....

.....

.....

.....

Educational Qualifications: Please give brief details of your education and training. Make sure you include professional qualifications. Please note that if you are appointed and qualifications are an essential part of the post you will be asked to show the original copies issued to you by the examining body. (Photocopies will not be acceptable)

School, College or University	Qualifications	Result, Grade or qualification	How Obtained (Full time, Part time or correspondence)	Period of study	
				From	To

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Other Training: List all training undertaken including in-service courses.

Course and Training Details	Results	Where Obtained	Full Time, Part time, Residential	Dates	
				From	To

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*continue on separate sheets if needed.

Employment Details
Present of most recent employer name:
Address:

Nature of business:

Dates of employment:

Notice period needed to given:

Salary or Wage:

Hourly rate:

Position held

Duties undertaken:

Reason for leaving:

Previous Employment/Experience – this can both paid and voluntary.

Employers name and address	Position held	Salary/Wage	Dates		Reason for leaving
			From	To	

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*continue on separate sheets if needed

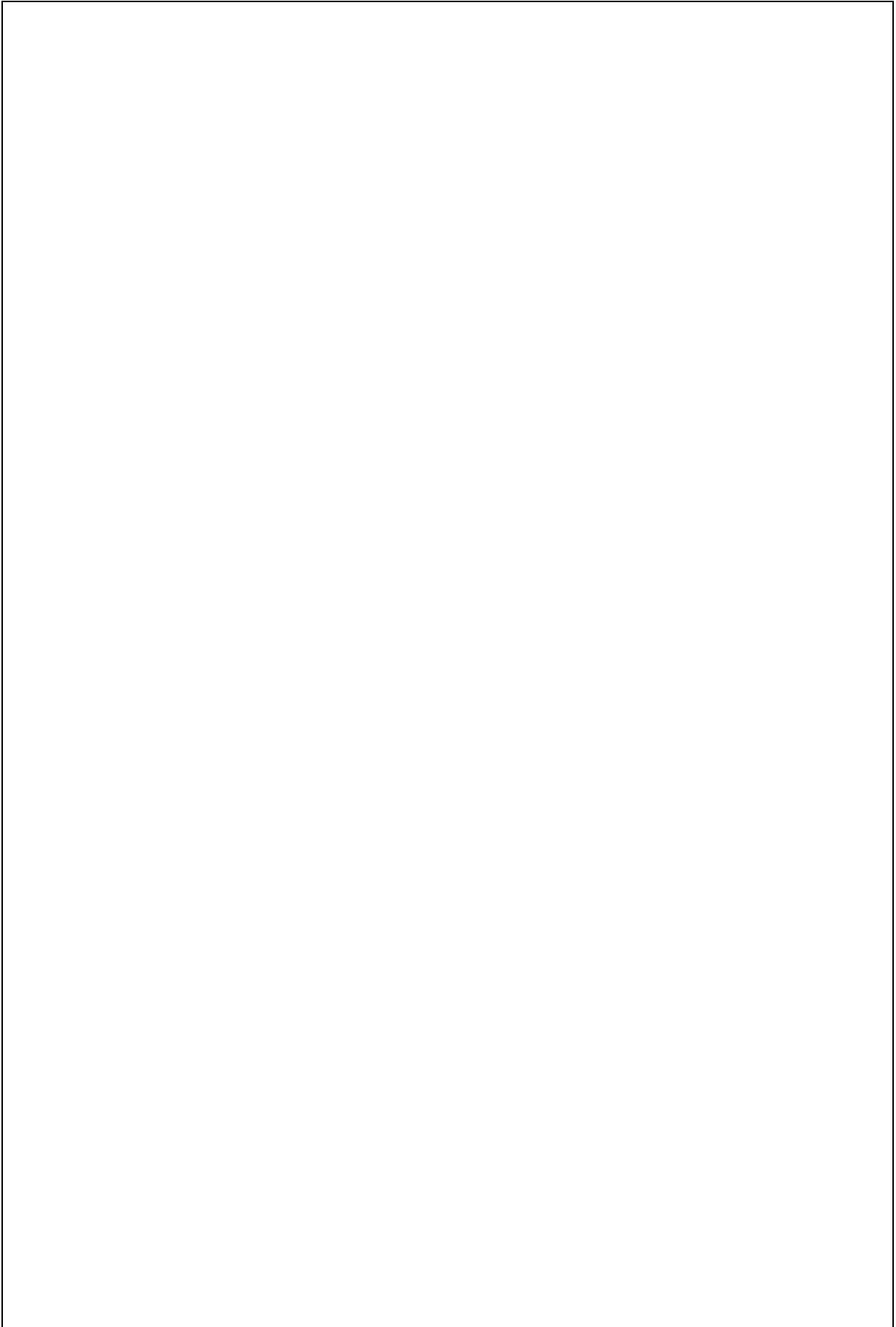
Additional Information

Please could you use this space, plus an extra page if needed, to demonstrate to us how your experience, qualifications and personal qualities make you a suitable candidate for this position?

Please ensure that you relate all this information to the person specification.

EXPERIENCE

KNOWLEDGE



SKILLS

(Please cont on other pages if required)

References

Please provide details of two references, not related to you and one at least should be your present or most recent employer. All appointments are subject to satisfactory references.

Reference 1.

Name:

Address:

Email:

Telephone number:

Relationship to you:

May we contact this person immediately if needed?

Reference 2.

Name:

Address:

Email:

Telephone number:

Relationship to you:

May we contact this person immediately if needed?

Do you have any criminal convictions?

If yes please describe

(By virtue of the Rehabilitation of Offenders, 1974 (exemptions) order, 1975 any convictions must be disclosed, including spent convictions.)

I declare that the information on this form is true to the best of my knowledge and belief, and understanding that giving false or misleading information may result in dismissal.

Signed.....

Date.....

Print name.....

Equal Opportunities Monitoring Form

We need this information to help us monitor our equal opportunities policy regarding recruitment. All information will be treated as confidential.

This information will be removed from your application and NOT taken into consideration when we are short-listing your application. Thank you for completing this part of the form, should you be successfully shortlisted and invited for interview, please let us know if specific needs in terms of accessibility.

Post applied for:
Date:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth:

Do you consider you have a disability which falls within the Disability Discrimination Act?

Yes No

The Disability Discrimination Act considers a person disabled if:

- You have a longstanding physical or mental condition or disability that has lasted 12 months or is likely to last 12 months or more
and
- This condition or disability has a substantial adverse effect on your ability to carry out normal day-to-day activities.

I would describe my ethnic origin as:

White

British Irish

Any other White background
(please specify):

Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background
(please specify):

Asian or Asian British

Indian

Pakistani

Bangladeshi

Chinese

Any other Asian background
(please specify):

Black or Black

Caribbean

African

Any other Black background (please
specify):

Other ethnic group

Any other ethnic group (please specify):

I would describe my Religion as:

Christian Muslim Hindu

Buddhist Jewish Sikh

Prefer not to say None Other

Please specify if not listed here :

I would describe my Sexual Orientation as:

Bi-sexual Gay Man Lesbian

Heterosexual Prefer not to say

Are you currently employed by Quaggy Development Trust?

Yes No