

COVENTRY CYRENIANS LTD

Job Application Form

Please complete all sections. Continue on additional sheets if necessary. CV's WILL NOT BE ACCEPTED.

Position Applied For:

Last Name:

Forename(s):

Address:

Telephone Number(s):

Home No.

Mobile No.

Email Address:

CURRENT (OR LAST) POST HELD

Job Title:

Dates of Employment:

From:

To:

Employers Name & Address:

Main Responsibilities:

Line Manager:

Salary:

Reason for Leaving:

References

Please give details of two people we could approach for references one of which should be your current or last employer. *(We may contact referees prior to interview. Please indicate in the appropriate box)*

1. Name:

Occupation:

Address:

Telephone No.:

Email:

2. Name:

Occupation:

Address:

Telephone No.:

Email:

Please do not contact the above named referee without my further permission *(please tick)*

Please do not contact the above named referee without my further permission *(please tick)*

PREVIOUS PAID OR VOLUNTARY WORK - please start with the most recent first (excluding present or last post)

Dates

**Your Job Title and
Employers
Name & Address**

Salary
*(If part-time please
state no. of hours p.w.)*

Main Duties

**Reason for
Leaving**

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EDUCATIONAL DETAILS - Please list schools / colleges attended from the age of sixteen starting with the most recent

Dates	Name of School or College attended	Examination Subjects Taken	Grades

TRAINING COURSES - Please list training courses attended which you think are relevant to this post starting with the most recent

Dates	Course Details	Course Length

EXPERIENCE - Please use this page to give details of your skills and experience which you believe are relevant for this post. Please refer to the Job Description and Person Specification provided. (*Continue on a separate sheet if necessary.*)

CRIMINAL CONVICTIONS

Have you ever been convicted of a criminal offence, other than a "spent" conviction under the Rehabilitation of Offenders Act (1974)? YES / NO

If YES, please give details

Do you require any special facilities to help you attend an interview or perform the job? If yes please give details.

Eligibility to Work

Are you eligible to work in the UK? Yes No

National Insurance Number:

If you are successful you will be required to provide relevant evidence of the above details prior to an appointment

DRIVING

Do you have a valid UK driving licence YES/NO Full/Provisional

Where did you see this vacancy advertised: _____

DECLARATION (Please read carefully before signing this application)

I confirm that the above information is complete and correct and that untrue or misleading information will give Coventry Cyrenians the right to terminate any employment contract offered.

Signed

Date

Please return your completed application form, marking the envelope 'Private & Confidential', to:

HR Department
Coventry Cyrenians Ltd
Oakwood House
Coventry
CV1 2HL

Coventry Cyrenians Ltd is a Registered Charity No. 502421

Equality and Diversity Monitoring Form

The aim of our employment policy is to ensure that no applicant or employee receives less favourable treatment on the grounds of race, colour, ethnic or national origin, religious belief, political affiliation, gender, sexuality, marital status, age or disability, or is disadvantaged by conditions or requirements which cannot be shown to be justifiable.

Our recruitment criteria are monitored to ensure that individuals are selected and treated on the basis of their relevant merits and abilities. We are committed to an ongoing programme of action to make this policy fully effective. To ensure that this policy is fully and fairly implemented, and for no other reason, we would be grateful if you would provide the following information.

This form will be detached from the rest of the application prior to shortlisting and is not used in any part of the selection or interview process.

You are under no obligation to complete this form if you do not wish to do so.

The information below is anonymous and will not be stored with any identifying information about you. All details are held in accordance with the Data Protection Act 1998.

Ethnicity

Please state what you consider your ethnic origin to be. Ethnicity is distinct from nationality and the categories below are based on the 2011 Census.

<p>Asian</p> <p><input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background (please write in)</p>	<p>Black</p> <p><input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background (please write in)</p>	<p>Other ethnic group</p> <p><input type="checkbox"/> Arab <input type="checkbox"/> Gypsy, Romany, Irish Traveller <input type="checkbox"/> Any other ethnic group (please write in)</p>
<p>Mixed</p> <p><input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed background (please write in)</p>	<p>White</p> <p><input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background (please write in)</p>	<p><input type="checkbox"/> Rather not say</p>

Age: _____

Rather not say

Disability

The Disability Discrimination Act 1995 (DDA) defines a person as disabled if they have a physical or mental impairment which has a substantial and long term (i.e. has lasted or is expected to last at least 12 months) adverse effect on one's ability to carry out normal day-to-day activities. This definition includes conditions such as cancer, HIV, mental illness and learning disabilities.

Do you consider yourself to have a disability according to the above definition?

Yes

No

Rather not say

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Rather not say	Transgender
<input type="checkbox"/> Female		<input type="checkbox"/> Female to Male <input type="checkbox"/> Male to Female

Religion/Belief

Which group below do you most identify with?

<input type="checkbox"/> No religion	<input type="checkbox"/> Sikh	<input type="checkbox"/> Buddhist
<input type="checkbox"/> Christian	<input type="checkbox"/> Hindu	<input type="checkbox"/> Muslim
<input type="checkbox"/> Jewish	<input type="checkbox"/> Other (please write in)	<input type="checkbox"/> Rather not say

Sexual orientation

How would you describe your sexual orientation?

<input type="checkbox"/> Bisexual	<input type="checkbox"/> Gay man	<input type="checkbox"/> Heterosexual or 'straight'
<input type="checkbox"/> Lesbian	<input type="checkbox"/> Other	<input type="checkbox"/> Rather not say

Job applied for: _____

Date Completed: _____