| **Job Application Form** |
| --- |

| **Closing Date:** |  | **Interview Date:** |  |
| --- | --- | --- | --- |

| It is important that you read the guidance notes before completing this application form. Please complete this form fully using **black ink or type**. C.V.s are not accepted on their own. Applications received after the closing date will not normally be considered. |
| --- |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

| **Section 1 Personal details** |
| --- |

| **Last Name:** |  | **First Name:** |  |
| --- | --- | --- | --- |

| **Address:** |  |
| --- | --- |
|  |  |
|  |  |

| **Postcode:** |  |
| --- | --- |

Letters Numbers Letter

| **Home Telephone No:** |  | **National Insurance No:** |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| **Daytime Telephone No:** |  |
| --- | --- |

| **Mobile Telephone No:** |  |
| --- | --- |

| **E-mail address:** |  |
| --- | --- |

| **Can we contact you at work?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **Are you free to remain and take up employment in the UK with no current immigration restrictions?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **Job Share Details** Are you applying on a job share basis? | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **Driving Licence – if relevant to post applied for.**  Do you hold a full, clean driving license valid in the UK? | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.** |
| --- |

| **Section 2 Present Employment** |
| --- |
| **Present Employment** (If now unemployed give details of last employer) |

| **Name of Employer:** |  |
| --- | --- |

| **Address:** |  |
| --- | --- |
|  |  |
|  |  |

| **Postcode:** |  |
| --- | --- |

| **Post Title:** |  |
| --- | --- |

| **Date of Appointment:** |  | **Salary:** |  |
| --- | --- | --- | --- |

| **Department / Section:** |  |
| --- | --- |

| **Brief description of duties:** | |  |
| --- | --- | --- |
|  |  | |
|  | Continue on a separate sheet if necessary | |

| **Period of Notice:** |  | **Last day of service**  (if no longer employed)**:** |  |
| --- | --- | --- | --- |

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

| **Did you receive any redundancy payment or retirement benefit?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **Section 3 Previous Employment** |
| --- |
| **Previous Employment** (most recent employer first). Please cover the last 10 years and state nature of business - if not public sector |
|  |

| **Name of Employer:** |  |
| --- | --- |

| **Address:** |  | | |
| --- | --- | --- | --- |
|  |  | | |
|  |  | **Postcode** |  |

| **Position Held:** |  |
| --- | --- |

| **Summary of duties:** | |  |
| --- | --- | --- |
|  |  | |

| **Reason for leaving:** |  |
| --- | --- |
|  | |

| **Name of Employer:** |  |
| --- | --- |

| **Address:** |  | | |
| --- | --- | --- | --- |
|  |  | | |
|  |  | **Postcode** |  |

| **Position Held:** |  |
| --- | --- |

| **Summary of duties:** | |  |
| --- | --- | --- |
|  |  | |

| **Reason for leaving:** |  |
| --- | --- |
|  | |

| **Name of Employer:** |  |
| --- | --- |

| **Address:** |  | | |
| --- | --- | --- | --- |
|  |  | | |
|  |  | **Postcode** |  |

| **Position Held:** |  |
| --- | --- |

| **Summary of duties:** | |  |
| --- | --- | --- |
|  |  | |

| **Reason for leaving:** |  |
| --- | --- |
| Continue on a separate sheet if necessary | |

| **Section 4 Education** |
| --- |
| Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first: |

| **College or University** | **Course** | **Qualifications and grades obtained** |
| --- | --- | --- |
|  |  |  |
| **School** | **Subjects** | **Qualifications and grades obtained** |
|  |  |  |
| Continue on a separate sheet if necessary | | |

| **Professional, Technical or Management Qualifications** |
| --- |
| Please give details: |

| **Professional / Technical /**  **Management Qualifications** | **Course Details** |
| --- | --- |
|  |  |
| **Membership of any Professional / Technical Associations - Please state level of Membership:** | |
| Continue on a separate sheet if necessary | |

| **Section 5 Training and Development** |
| --- |
| Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses. |

| **Title of Training Program or Course** | **Duration of Course** |
| --- | --- |
|  |  |
| Continue on a separate sheet if necessary | |

| **Section 6 Personal Statement** |
| --- |
| **Abilities, skills, knowledge and experience.**  Please use this section to explain in detail how you meet the requirements of the Employee Profile. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used. |

|  |
| --- |
| Continue on a separate sheet if necessary |

| **Section 7 Rehabilitation of Offenders Act (1974)** |
| --- |

| **Do you have any convictions that are unspent under the rehabilitation of offender’s act 1974?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

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

| **Section 8 Protecting Children and Vulnerable Adults** |
| --- |

| The following information is required due to the nature of the post you are applying for has a requirement for a DBS/CRB police check. |
| --- |

| **Enhanced Checks Only**  Are you aware of any police enquires undertaken following allegations made against you, which may have a bearing on your suitability for this post? | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **Section 9 Disability Discrimination Act** |
| --- |

| This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities. |
| --- |

| **Do you have a disability which is relevant to your application?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **If yes, please give details:** |
| --- |
|  |

| **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.** |
| --- |

| **Do we need to make any specific arrangements in order for you to attend the interview?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **If yes, please give details:** |
| --- |
|  |

| **Section 10 Health** |
| --- |

| Your current health is important to us, please indicate below. |
| --- |

| **Number of days sickness absence in the last 2 years:** |  |
| --- | --- |

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

| **Section 11 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:** |  | **Name:** |  |
| --- | --- | --- | --- |

| **Position:** |  | **Position:** |  |
| --- | --- | --- | --- |

| **Work Relationship:** |  | **Work Relationship:** |  |
| --- | --- | --- | --- |

| **Organisation:** |  | **Organisation:** |  |
| --- | --- | --- | --- |

| **Address:** |  | | **Address:** |  | |
| --- | --- | --- | --- | --- | --- |
|  |  | |  |  | |
|  |  | |  |  | |
|  |  | |  |  | |
|  | Postcode |  |  | Postcode |  |

| **Telephone No:** |  | **Telephone No:** |  |
| --- | --- | --- | --- |

| **E-mail:** |  | **E-mail:** |  |
| --- | --- | --- | --- |

| 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** |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

| **Section 12 Recruitment Monitoring Form** |
| --- |

| **This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by purely for monitoring purposes.** |
| --- |

| **Application for the post of:** |  |
| --- | --- |

| To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please **COMPLETE THIS SECTION OF THE APPLICATION FORM.** |
| --- |

| **What is your Ethnic Group?** |
| --- |
| Choose ONE section from A to E, and then tick the appropriate box to indicate your cultural background. |

| 1. **White** | |  | **D. Black or Black British** | |  |
| --- | --- | --- | --- | --- | --- |
| White UK | |  | Black Caribbean | |  |
| Irish | |  | Black African | |  |
| White non-UK | |  | Any other Black background  (please give details): | |  |
| Any other White background  (please give details): | |  | |  |  |
|  |  |  | | | |
| **B. Mixed** | |  | **E. Chinese or other ethnic group** | |  |
| White & Black Caribbean | |  | Chinese | |  |
| White & Black African | |  | Vietnamese | |  |
| White & Asian | |  | Any other ethnic background  (please give details): | |  |
| Any other Mixed background  (please give details): | |  | |  |  |
|  |  |  | | | |
| **C. Asian or Asian British** | |  | **F. I do not wish to provide this information** | |  |
| Indian | |  |  | | |
| Pakistani | |  |  | | |
| Bangladeshi | |  |  | | |
| Any other Asian background  (please give details): | |  |  | | |
|  |  |  | | | |

| **Section 12 Recruitment Monitoring Form continued** |
| --- |

| **Gender** |  | | |
| --- | --- | --- | --- |
| Male |  | Female |  |

| **Disability** |
| --- |
| Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”. |

| **Do you consider yourself disabled?** | **Yes** |  | **No** |  |
| --- | --- | --- | --- | --- |

| **If yes, please give details:** |
| --- |
|  |

| **Present Status** |  | | |
| --- | --- | --- | --- |
| Internal Applicant |  | External Applicant |  |

| **Age Group** |  | | | | |
| --- | --- | --- | --- | --- | --- |
| 16-25 |  | 26-35 |  | 36-45 |  |
| 46-55 |  | 56-65 |  | 66-70 |  |
| Over 70 |  |  | | | |

| **Media** | |  |
| --- | --- | --- |
|  | Please state where you saw this post advertised | |
|  |  | |

|  |
| --- |

| **For Office Use Only:** | | |
| --- | --- | --- |
| **Start Date:** |  |  |
|  |  | |

| **Section 13 Declaration** |
| --- |

| **Signed:** |  | **Date:** |  |
| --- | --- | --- | --- |
|  |  | |

| (NB. Candidates selected for interview will normally be notified within three weeks of the closing date. Unfortunately, applicants who do not hear from ACE Support UK must conclude that their application has been unsuccessful on this occasion. Thank you for your interest in this post. If you would like to know if we have received your application form, please enclose a stamped addressed post card.  **ACE Support UK undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998.**  **If you are returning this form by email, you will be asked to sign your application at the interview.** |
| --- |

| R E T U R N I N G T H I S F O R M | |
| --- | --- |
| 🖃 **By Hand or Post:**  ACE Support UK  2 Buildwas Rd  Wellington  Telford  TF1 3NZ | **By E-Mail:**  acestaff@acesupportuk.co.uk  **Enquiries:**  Telephone: 03335775886 |