

**PRIVATE AND CONFIDENTIAL**



Please return to:  
 Human Resources Department  
 CHP  
 Myriad House  
 23 Springfield Lyons Approach  
 Springfield, Chelmsford  
 Essex  
 CM2 5LB

<b>APPLICATION FOR THE POSITION OF</b>  .....
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**1. PERSONAL DETAILS**

<b>Surname</b> (Block letters):	<b>Address:</b>
<b>First Name(s):</b>	
<b>Mr/Mrs/Miss/Ms/Other:</b>	
<b>Tel (Home):</b>	
<b>Tel (Mobile) :</b>	<b>Post Code:</b>
<b>Tel (Work):</b>	<b>E-mail address:</b>
<b>May we contact you there?</b> YES/NO	(Can we contact you regarding your application via email) Yes/ No

**2. PRESENT OR MOST RECENT EMPLOYMENT**

Name and Address of Employer/Organisation	Job Title	Dates (From – To)	Salary and Benefits
Please give a brief outline of duties and responsibilities:			
Reason for leaving/wishing to leave:		Notice Required:	
Please state date(s) NOT available for Interview:			
Do you have a current clean full driving licence? YES/NO* *If no please give details of penalties or endorsements:			

### 3. PREVIOUS WORK EXPERIENCE

Please start with the most recent experience, accounting for any breaks in employment. You may continue on a separate sheet if necessary.

<b>Dates From - To</b>	<b>Organisation Name &amp; Address</b>	<b>Position Held</b>	<b>Brief description of duties</b>	<b>Reason for leaving</b>

**4. EDUCATION AND TRAINING**

<b>Secondary Schools attended</b>	<b>Dates From -To</b>	<b>Exams Taken</b>	<b>Grades</b>
<b>University/Colleges attended</b>	<b>Dates From - To</b>	<b>Course</b>	<b>Results</b>

**MEMBERSHIP OF PROFESSIONAL BODIES**

<b>Name of Professional Body</b>	<b>Date Joined</b>	<b>By Examination (Yes/No)</b>	<b>Grade</b>

**RELEVANT TRAINING RECEIVED IN LAST 5/10 YEARS**

<b>Name of Course</b>	<b>Organisers</b>	<b>Duration</b>	<b>Dates</b>

## **5. HOW YOU MEET THE SELECTION CRITERIA**

**In this section, please provide evidence of how you meet the essential and desirable criteria set out in the Job Description including information about your career achievement to date, why you want the job and your responsibilities. If you have not worked previously or for some time, please include details of any voluntary or other activities you have undertaken. (Continue on a separate sheet if necessary)**

### **Data Protection Statement**

CHP will use the information provided on this application form for the purpose of assessing your suitability for the post applied for and any information provided will be used exclusively for that purpose and held in full compliance with the Data Protection Act 1998.

**6. REFEREES**

Please give details of two referees, one of whom should be your present or most recent employer.

Name .....	Name .....
Organisation Address .....	Organisation Address .....
.....	.....
.....	.....
.....	.....
Tel No .....	Tel No .....
Email .....	Email.....
Position/ Relationship .....	Position/Relationship.....

**7. ENTITLEMENT TO WORK IN THE UK**

Do you require a work permit to work in the UK? **Yes/No**  
(Declaration subject to Asylum and Immigration Act 1996)

If you have a work permit please give details and expiry date: .....

Prospective employees have to provide evidence of eligibility to work in the UK such as (a) Passport or (b) Birth Certificate plus document with your National Insurance Number.

**8. RELATIONSHIPS WITH EXISTING OR FORMER EMPLOYEES, BOARD DIRECTORS OR CONTRACTORS**

Are you related to an existing or former employee, Board Member or Contractor of CHP? **Yes/No**

If yes, please state the person's name and your relationship to them.

Name.....	Relationship.....
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A close relative is defined as a relative by blood or by marriage and includes a person's spouse/partner, parent, grandparent, child or grandchild and siblings. This also includes relationships not by blood or marriage, e.g. co-habiting relationships between people of different or the same sex.

**9. DECLARATION OF CRIMINAL CONVICTION**

Have you ever been convicted of a criminal offence? **YES\* / NO**  
(Declaration subject to the Rehabilitation of Offenders Act 1974)

If YES\*, give details on a separate sheet enclosed in a sealed envelope marked "**PERSONAL & CONFIDENTIAL – REHABILITATION OF OFFENDERS ACT**" and return this along with your application form. (Only convictions relevant to the post will be considered).

Failure to disclose any criminal convictions may result in an offer being withdrawn or dismissal following appointment. If your application is unsuccessful, the letter will be destroyed by shredding,

**10. DECLARATION**

To the best of my knowledge and belief, the information supplied on this form is correct. I understand that by canvassing senior employees of CHP or by giving false information or omitting relevant information could disqualify my application, which, if I am appointed, could lead to my dismissal.

Signed .....	Date .....
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**CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING FORM**

**JOB TITLE:** \_\_\_\_\_

**REF NO:** \_\_\_\_\_

Please complete this form by ticking the appropriate boxes. The information you provide will only be for monitoring purposes and will have no bearing on any recruitment and selection decisions.

CHP is an equal opportunities employer and provider of services and as such fully supports the principles of equality. CHP opposes all forms of unlawful or unjustifiable discrimination, whether direct or indirect, on the grounds of colour, race, nationality, ethnic or national origin, political or religious beliefs, gender, age, marital status, sexual orientation, disability or trade union activity.

Thank you for completing this form

<u>Gender</u>			<u>Marital Status</u>		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Transgender <input type="checkbox"/>	Married <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>

Do you consider yourself to have a disability?    **Yes**     **No**

(Please see overleaf for examples)

If 'Yes', please specify which kind of impairment or disability:

Physical     Learning     Hearing     Sight     Speech

Mental Health     Other  .....

**Please indicate your ethnic group**

**WHITE**                      British                       Irish                       Other White

**BLACK OR BLACK BRITISH**    Black Caribbean                       Black African                       Other Black

**MIXED**                      White and Black Caribbean                       White and Black African                       White and Asian                       Other Mixed

**ASIAN OR ASIAN BRITISH**    Indian                       Pakistani                       Bangladeshi                       Other Asian

**CHINESE OR OTHER ETHNIC GROUP**                      Chinese                       Other Ethnic Group

**GYPSY/ TRAVELLER**                      Romany Gypsy                       Irish Traveller                       Other Gypsy/Traveller

If you ticked any of the **OTHER** boxes, please describe your ethnic background:

.....

Is English your first language **Yes**  **No**

If no, what is your first language.....

**Religious Belief/Faith**

None  Christian  Muslim  Hindu   
Jewish  Sikh  Buddhist  Prefer not to say   
Other .....

**Sexual Orientation**

Heterosexual  Lesbian  Transgender   
Gay Man  Bisexual  Prefer not to say

**Translation**

Do you require correspondence from us to be in a different format – if so, please specify

Your first language  Braille  Large Font   
Audio  Other .....

Where did you see this vacancy advertised? .....

Surname ..... Signed .....  
First name(s) ..... Date .....  
Date of Birth .....

**Example of what is considered a disability**

Generally, a disability is a condition lasting, or likely to last, more than 12 months which adversely affects the person's ability to carry out normal day-to-day activities, and can be physical, sensory or mental.

- Being unable to walk or having difficulty in walking more than a short distance, or having difficulty with stairs. Temporary mobility problems such as a broken leg do not come into this category.
- Problems with vision or hearing. Vision, which can be corrected by normal spectacles, is not included but the need for a hearing aid is.
- Suffering from a chronic, medically well recognised mental health problem
- Having a learning disability
- Suffering from a condition, which is likely to change and develop over time such as multiple sclerosis. A person with such a condition is covered from when the condition has some effect on their ability to carry out day-to-day activities.