



HAFOD CARE ASSOCIATION LIMITED

Head Office: St Hilary Court Copthorne Way Culverhouse Cross Cardiff CF5 6ES

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Registered as a Charitable Housing Association under the Industrial and Provident Societies Act No. 28830R

Registered with the Welsh Assembly Government No. J126

CONFIDENTIAL APPLICATION FORM

Post applied for: _____

PERSONAL DETAILS:

Title: _____ Surname/Family Name: _____ First/Given Name(s) _____

Address: _____

Home tel. number: _____ Work tel. number: _____

Can we ring you at work? Yes No Do you have a valid driving licence? Yes No

National Insurance Number: _____ Do you need a work permit to take up employment in the UK? Yes No

Please indicate days absent from work through sickness in the last two years:

Total No. of odd days - up to a period of three days: _____ Total No. of days - periods of 4 days or more: _____

REFERENCES

Please give names and addresses of two people to whom we may apply for references: [please note references will not be requested prior to a job offer being made]

Reference 1 [Present or last employer]

Name _____

Job Title _____

Address _____

Tel: _____

Reference 2 [Known to you in a professional capacity]

Name _____

Relationship to You _____

Address _____

Tel: _____

Notice required by current employer: _____

Are you related to any member of the Committee or Staff? YES NO

RECRUITMENT POLICY

It is the Association's policy to employ the best qualified personnel and provide equal opportunity for the advancement of employees including promotion and training and not to discriminate against any person because of their gender, age, race, ethnic or national origin or because of their religion, sexual orientation, disability, or marital status.

Authorisation: I authorise the Association to obtain references to support this application and release the organisation and referees from any liability caused by giving or receiving information

Declaration: I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

The information you provide on this application will be used for the purposes of the recruitment process, and for subsequent monitoring of that process. It will not be disclosed to any other person other than those involved in the above processes. All unsuccessful applications will be destroyed after one year.

By signing this declaration you are agreeing to the above notice.

Signed _____ Date: _____

HAFOD CARE ASSOCIATION EQUAL OPPORTUNITIES MONITORING FORM

Wales is a multi-cultural country with people of many backgrounds. The Association wants to treat everyone equally regardless of age, race, gender, sexual orientation, national or ethnic origin, religious belief, marital status, or disability. In order to monitor the effectiveness of the Association's Equal Opportunities Policy we require applicants to provide the information outlined below. The information you give is confidential and will not be taken into consideration for shortlisting or interviewing purposes, and will be used solely for monitoring purposes.

Post Applied For:.....

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

Title:..... Surname/Family Name:..... First/Given Name(s):

Date of Birth:..... Nationality:.....

Are you? Male Female Have you ever identified as transgender? Yes No

What is your sexual orientation? Heterosexual Gay Lesbian Bisexual Other

How would you describe your ethnic origin?

- | | | | |
|---|--|--|--------------------------|
| <input type="checkbox"/> White (British) | <input type="checkbox"/> White and Black African | <input type="checkbox"/> Caribbean | <input type="checkbox"/> |
| <input type="checkbox"/> White (Welsh) | <input type="checkbox"/> White and Asian | <input type="checkbox"/> African | <input type="checkbox"/> |
| <input type="checkbox"/> White (English) | <input type="checkbox"/> Other Mixed Background [please specify] | <input type="checkbox"/> Other Black Background [please specify] | <input type="checkbox"/> |
| <input type="checkbox"/> White (Scottish) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> White (Irish) | <input type="checkbox"/> Indian | <input type="checkbox"/> Chinese | <input type="checkbox"/> |
| <input type="checkbox"/> Irish Traveller | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Any Other Background [please specify] | <input type="checkbox"/> |
| <input type="checkbox"/> Other White [please specify] | <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> Other Asian Background [please specify] | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> | | |

What is your religion?

- | | | | |
|--|------------------------------------|---|--------------------------|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Christian | <input type="checkbox"/> Parsi | <input type="checkbox"/> |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Hindu | <input type="checkbox"/> Rastafarian | <input type="checkbox"/> |
| <input type="checkbox"/> Church of England | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh | <input type="checkbox"/> |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim | <input type="checkbox"/> Other [please state] | <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> |

Disability

Under the Disability Discrimination Act 1995 [DDA] disabled people have a legal right to fair treatment in employment. The DDA defines a disability as a physical, sensory or mental impairment which has, or had, a substantial and long-term adverse effect on a person's ability to carry out normal day to day activities.

Do you consider yourself to be disabled within the definition of the DDA?

Yes No Information Refused

If you answered Yes and wish to give details of your disability and any adjustments you think you may require, please give details below:

.....

Criminal Convictions

This part of the form must be completed

If you have a criminal conviction please tick box [please see guidance below]

Criminal convictions that are spent [as defined by the Rehabilitation of Offenders Act 1974] are not considered to be relevant and you should not reveal them.

However, if you are applying for employment involving working with children or vulnerable adults then you must tell us about any criminal convictions, including all spent sentences and cautions and bind-over orders. For this type of employment you will be required to apply for a standard or enhanced disclosure from the Criminal Records Bureau.

.....

Signed:..... Date:.....

Note to applicants: The following sections provide the information on which a shortlist is decided. It is therefore important that all sections are completed as fully as possible. Please read the accompanying person specification and consider carefully how your knowledge, skills and abilities match what we are looking for.

CURRENT OR LAST EMPLOYMENT

Job Title: _____

Name and Address of Employer _____

Date of Commencement: _____ Date of Leaving [if applicable]: _____ Salary/Grade: _____

Reason for leaving [if applicable]: _____

Briefly describe your duties:

If you are not currently in paid employment please use the section below to tell us what you are presently doing.

Empty box for describing current activities if not in paid employment.

EMPLOYMENT HISTORY DETAILS

Use the table below to list all your former employment. Please detail any gaps in employment as fully as possible. You can also use this table to give details of voluntary work, other experiences or training which you feel may be relevant to the post to which you are applying.

Employer's Name & Address	From	To	Job Title & Brief Details of Responsibilities	Reason for Leaving

Additional Information

This section is to give the Association specific information in support of your application. You need to be able to demonstrate that you can meet each aspect of the person specification in order for your application to be considered for shortlisting. Please refer to each section of the Person Specification eg Qualifications, Knowledge and Work Experience, Skills etc and demonstrate each aspect by some reference to your academic, professional voluntary or personal life. Where appropriate, please include examples of areas where you feel that you have excelled, and projects, initiatives etc that you have been involved in. ***[Please continue on a separate sheet if necessary].***

SECONDARY EDUCATION:

Examinations [subject - with result]

FURTHER/HIGHER EDUCATION AND RELEVANT TRAINING:

Type of Course	Subjects Pursued	Qualification or class of degree

INSTITUTION OR PROFESSIONAL MEMBERSHIP

Institute or Professional Body	Level of membership

<p>Please return the completed form to:</p>	<p>The Human Resources Section Hafod Care Association Limited St Hilary Court Cophorne Way Culverhouse Cross CARDIFF CF5 6ES</p>
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