



## HAFOD CARE ASSOCIATION LIMITED

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

Telephone: 02920 672300 • Fax: 02920 675898

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: \_\_\_\_\_



**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]

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**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

**Please return the completed form to:**

The Human Resources Team  
 Hendre Limited  
 St Hilary Court  
 Copthorne Way  
 Culverhouse Cross  
 CARDIFF  
 CF5 6ES



