



STAFF IN CONFIDENCE

NOTE THIS FORM IS TO BE ISSUED SINGLE SIDED

For Official Use Only

Applicant Ref:

Application for Employment

1. POSITION APPLIED FOR	REGULATED (✓)	CONROLLED (✓)

As an equal opportunities employer, we encourage applications from all sections for the community. Please complete all sections of the application form and restrict your answers to the space provided (unless indicated otherwise). A **CV** is not accepted in placed of, or as part of your application form. The form may be typed or handwritten. Please complete in **black ink** as this form may be photocopied.

Data Protection Act 1998

The information you provide on this form will be stored either on computer or in the form of manual records. It will be used by Arfon Dwyfor Training Ltd to monitor the implementation of its Equal Opportunities and related employment policies. It will not be used for any other purposes or disclosed to any other organisation except in pursuance of the Company's statutory obligations.

2. PERSONAL DETAILS (Block Letters Please)

Family Name/Surname

Previous Surname(s) if applicable

Forename(s)

National Insurance No

Address

	Post Code	
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E-mail address

Tel. No (Work)

Tel. No (Home)

Mobile Number

Asylum and Immigration Act 1996

Under Section 8 of the subject Act all potential employees are required by law to provide documentary evidence to confirm their eligibility to work in the UK. Details of the documents required are available on request. Please, note documents must be original, photocopies will not be accepted.

All applicants short-listed to attend interview/test are required to bring with them the necessary original documents. If you are unable to produce the necessary evidence the Company is not permitted by law to consider your application.

Do you require a work permit? Yes No

Are you holding a work permit? Yes No

Do you possess a current UK or EU Passport? Yes No

Have you resided outside of the United Kingdom in the last 5 years? Yes No

If yes, please provide full details of residencies including dates:



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3. PRESENT/MOST RECENT EMPLOYMENT

Name and address of employer:	Dates Employed From		To:	
	Notice Period:			
	Current/Last Salary:			
	Please tick appropriate boxes			
	Full Time	Part Time	Temporary	Permanent
Post Title:				
Brief Description of Duties:				
Reason for Leaving:				

4. OTHER FORM OF PAID EMPLOYMENT (including self employment)

If you have more than one employment (including part-time or night work), please give details

5. PAST EMPLOYMENT: Please list in chronological order, most recent employer first

From M/Y	To M/Y	Employer Name and Address	Post title and brief description of duties and if F/T or P/T	Reason for Leaving

Continue on separate sheet if necessary



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6. PERIODS NOT ACCOUNTED FOR ABOVE

Please give details of any gaps in your employment history (continue on separate sheet if necessary):

7. EDUCATION

Secondary School/ Further/Higher Education	Dates	Qualifications Achieved	Grade	Date

8. APPRENTICESHIP/TRAINING COURSES ATTENDED WITHIN LAST 10 YEARS RELEVANT TO THE POST

Organising Body/Awarding Bodies/ Course Title	Qualifications gained (where appropriate)	Full or Part- Time	Date Achieved

9. PROFESSIONAL QUALIFICATIONS

Please give detail of Body, examinations passed and dates of achievement:

10. RECENT PERSONAL DEVELOPMENT AND IN-SERVICE/COMPANY TRAINING

Please give detail:



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16. SUPPORTING STATEMENT

Please pay particular attention to this section as it is a key part of your application.
Please give your reasons for applying for this post and say why you believe you are suitable for the position.
Study the Job Description and Person Specification and describe any experience and skills you have gained which demonstrate your ability and aptitude to undertake the duties of the post.

Continue on a separate sheet if necessary



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19. EQUAL OPPORTUNITIES MONITORING

In accordance with its equal opportunities statement, the Company will provide equal opportunities to all employees and job applicants and will not discriminate either directly or indirectly because of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race (including colour, nationality and ethnic or national origins) religion or belief, sex or sexual orientation, social class or language. In order to enable the Company ensure compliance with its policy statement, a system of monitoring has been set up. We have only asked for your name so that monitoring can take place both at the short listing for interview stage and at the appointment stage. You may, of course, decide not to answer one or any of these questions but if you do respond, all information provided will be treated in confidence and will be used solely for the purpose of providing statistics for equal opportunities monitoring. The monitoring form does not form part of your application and will therefore be detached from it on receipt and stored separately. You can always mail this form separately if you wish.

Name: **Post Title:**

Please tick the appropriate box:

Age: 16 - 24 25 - 34 35 - 44 45 - 54 55 or over

Gender: Male Female Transsexual Undergone or undergoing gender reassignment Prefer not to say

I describe my ethnic origin as: (please tick the appropriate box)

White British Black British White & Black Caribbean Asian British Chinese British

White Irish Caribbean White & Black African Indian Chinese

African White & Asian Pakistani Bangladeshi

Other White background Please give details	Other Black background Please give details	Other Mixed background Please give details	Other Asian background Please give details	Other background Please give details
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Where did you first see this vacancy?

Please tick the appropriate box

Internal Vacancy Bulletin <input type="checkbox"/>	Daily Post <input type="checkbox"/>	Bangor Mail <input type="checkbox"/>
ADT Ltd Website <input type="checkbox"/>	Holyhead and Anglesey Mail <input type="checkbox"/>	Just Jobs <input type="checkbox"/>
Job Centre Plus <input type="checkbox"/>	Caernarfon & Denbigh Herald <input type="checkbox"/>	Other <input type="checkbox"/>

If other please give further details:



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How would you describe your marital status? Please, tick the appropriate boxes

Single Married In a Civil Partnership Other Prefer not to say

Is there anyone who relies on your day to day care and attention? Please, tick the appropriate boxes

If Yes, how many?

Children Under 5 Children 6 to 18 Sick/elderly or disabled dependants

My religious beliefs are:

Christian (specify denomination) Jewish Sikh Muslim
 Hindu Buddhist Rastafarian Baha'i Faith
 Shinto Chinese Folk Religion Non Religious/Non believer
 Other Religion (please specify) Prefer not to say

Sexual Orientation:

Heterosexual Homosexual Bisexual Prefer not to say

Disabilities:

None Physical disability (please specify) Mental disability (please specify)
 Prefer not to say

For the purpose of compliance with the **Data Protection Act 1998**, I hereby confirm that by completing this form I give my consent to the Company processing the data supplied on this form for the purpose of equal opportunities monitoring.

Signed **Date**



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20. ACKNOWLEDGEMENT

Please identify any family member/ relation/ acquaintance that you know who is currently employed by Arfon Dwyfor Training Ltd. Stating name, position and relationship (Please continue on additional sheet if necessary)

Name Position

State the relationship

Name Position

State the relationship

21. APPLICANT'S DECLARATION

1. I hereby confirm that the information given on this Application Form, and any supplementary forms is accurate and correct and that I have not withheld any information that may affect my application. I understand that if appointed, false information or omissions may lead to dismissal. The information supplied on this form may be verified by the Company.
2. I consent to the information which I have provided on this application form, whether sensitive or non-sensitive, being used by the Company in the course of its business and in accordance with the Data Protection Act 1998.
3. I understand and agree, that I will submit a request for an Enhanced Disclosure to the Criminal Records Bureau if my application for the post is successful
4. I consent to the Company checking my Independent Safeguarding Authority (ISA) registration status as appropriate to the post applied for. For further information, please visit www.isa-gov.org.uk

Signature of Applicant Date

Please return your completed and signed application by

TO:	THE ADMINISTRATION SUPERVISOR ARFON DWYFOR TRAINING LTD MAESINCLA CAERNARFON GWYNEDD LL55 1RS	TEL NO:	01286 677275
		FAX:	01286 677250
		E-MAIL	tanya@adt-ltd.com
		WEBSITE	www.adt-ltd.com

Please, note the Company does not automatically acknowledge receipt of application forms. However, if you should require acknowledgement you are asked to send a stamped address envelop with your completed application.

If you are successful this application will be kept on your personal file. If you are unsuccessful this information may be stored for a period of up to six months after which it will be destroyed.