



# JOB APPLICATION FORM

For assistance in completing this application form, please turn to the back page.

Please return this application form to, [admin.safetyfirst@btconnect.com](mailto:admin.safetyfirst@btconnect.com)

PERSONAL DETAILS:			
Post Applied for:			
Full Name: Mrs/Miss/Ms/Mr			
Address & Postcode:			
National Insurance No:			
Telephone: Home		E-mail address:	
Telephone: Mobile			

General Information:	
If appointed, when will you be able to commence duties?	

REFERENCES:
<p>The receipt of satisfactory references is a condition of employment and it is the recruiter's view as to whether the references are deemed satisfactory. Please supply details of two people whom we can approach for a reference. Please note that:</p> <ul style="list-style-type: none"> <li>• One referee must be your current or most recent employer.</li> <li>• References from close relatives or people writing solely in the capacity of a friend will not be accepted.</li> <li>• We may take up with you any issues that arise from the reference(s).</li> </ul>

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REFEREE 1		
Full Name:		Company Name:
Title:	Mrs/Miss/Ms/Mr/other	
Position Held:		
Contact e-mail:		Address:
Contact Number:		
May we contact them prior to interview?		

REFEREE 2		
Full Name:		Company Name:
Title:	Mrs/Miss/Ms/Mr/other	
Position Held:		
Contact e-mail:		Address:
Contact Number:		
May we contact them prior to interview?		

EDUCATION:					
Qualifications gained up to the age of 16 (Secondary School):					
Name & address of school.	Dates attended from (dd/mm/yy)	Dates attended to (dd/mm/yy)	Qualifications	Grade/Result	Year taken.

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<b>POST 16 EDUCATION: (SCHOOL, FURTHER EDUCATION ETC)</b>					
Name & address of school/college	Dates attended from (dd/mm/yy)	Dates attended to (dd/mm/yy)	Qualifications Obtained Course title & Level.	Grade/Result	Year taken.

<b>HIGHER EDUCATION AND PROFESSIONAL QUALIFICATIONS.</b>					
Name & address of College/ University/ Institute	Dates attended from (dd/mm/yy)	Dates attended to (dd/mm/yy)	Qualifications Obtained Course title & Level.	Grade/Result	Year taken.

<b>Training: Please list any training courses you have attended which are relevant to this post.</b>		
Course.	Organising Body.	Date attended/completed.

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<b>CURRENT OR LAST EMPLOYER:</b>	
Name and Full Address of employer:	
Position Held:	
Full Time or Part Time:	
Basic Salary (per hour):	
Date Commenced (dd/mm/yy):	
Leaving Date (if applicable) (dd/mm/yy)	
If left, reason for leaving:	
If still employed, length of notice:	
Summary of Main Duties and Responsibilities (expand box or add additional sheet, if required):	

<b>Previous Employment/Experience (most recent first):</b>				
Name and Address of Employer:	Date from (dd/mm/yy)	Date to (dd/mm/yy)	Summary of Role:	Reason for leaving:
<b>Gaps in Employment:</b>				
Please detail any periods when not in employment, education or training:				

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**Supporting Statement:**

Please give any further details in support of your application which demonstrate how your qualifications and experience match the Person Specification or which you feel may be of interest or relevance: (No more than 500 words)

***Safety First Community Training Centre will treat all personal information with the utmost confidentiality and in line with current data protection legislation.***

**Declaration Statement:**

- I declare that the information given above and in any supporting documents is true and that nothing has been omitted that would affect this application.
- I am not named on List 99, disqualified from working with children or vulnerable adults or subject to sections imposed by a regulatory body eg GTC and either have no convictions cautions or bind-overs or I have attached details of my record on Safety First Community Training Centre's Self-Disclosure Form.
- I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to summary termination.
- I agree that should I be successful in my application, the information provided and further information which will be gathered at the relevant time, will be subsequently used for the administration of my employment.

**Signed:****Date:**

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# EQUAL OPPORTUNITIES MONITORING FORM

This is optional but it is a sign that the employer takes this topic seriously. Forms are separated from applications before the selection process starts and are for monitoring purposes only. If you have a strong objection, you can choose not to fill it in.

This information will be treated in the strictest confidence and will be used only for statistical monitoring. It is not part of the selection process and will be separated from the application prior to shortlisting.

We are committed to equal opportunities for all, irrespective of race, colour, creed, ethnic or national origins, gender, marital status, sexuality, disability or age.

So that we can monitor the implementation of our policy we are seeking your help. It would be of great assistance in pursuing our commitment to equal opportunities if you would complete the monitoring form.

<b>Please indicate your ethnic origin:- UK 2021 Census.</b>			
	<b>Female</b>	<b>Male</b>	<b>Other</b>
Asian/Asian British (Indian, Pakistani, Bangladesh, Chinese. Any other Asian background).			
Black/Black British/Caribbean/African (African, Caribbean. Any other Black background)			
Mixed/Multiple ethnic groups. (White & Black Caribbean, White and Black African, White & Asian, any other mixed ground.			
Other ethnic group. Arab , any other ethnic group.			
White. English, Welsh, Scottish, Northern Irish or British, Irish, Gypsy or Irish traveller, Roma. Other white.			

<b>Disability:</b>		
	<b>Yes</b>	<b>No</b>
<b>Do you consider yourself to have a disability? If yes, which of the following descriptions best describes your disability?</b>		
<b>Visual (NOT corrected by wearing glasses or contact lenses).</b>		
<b>Co-ordination, dexterity or mobility.</b>		
<b>Mental health.</b>		
<b>Speech.</b>		
<b>Learning difficulties.</b>		
<b>Hearing.</b>		
<b>Combination of above or other physical or medical conditions – please specify below.</b>		
<hr/> <hr/>		

<b>Religion:</b> Please indicate below your religion, or the religion to which you would be perceived to belong, by clicking the appropriate box	
<b>Buddhist</b>	
<b>Christian</b>	
<b>Hindu</b>	
<b>Jewish</b>	
<b>Muslim</b>	
<b>No Religion</b>	
<b>Sikh</b>	
<b>Other (please state):</b>	

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