

EDUCATION AND TRAINING (You may be required to produce documentary evidence)			
SCHOOL, COLLEGE ETC	FULL/PART TIME	DATES FROM TO	SUBJECTS STUDIED QUALIFICATIONS AND GRADES OBTAINED

OTHER TRAINING
Please give details of other relevant training, short courses or education not covered in the above section

DESCRIPTION OF COURSE	DATES

VOLUNTARY WORK / MEMBERSHIP OF PROFESSIONAL ASSOCIATIONS
Please give details of any voluntary work undertaken including membership of any committees and membership of any professional or technical associations with the date joined.

CURRENT / MOST RECENT DUTIES AND RESPONSIBILITIES

Please describe your current or most recent work and responsibilities, say who you report/reported to, any staff for whom you are/ were responsible and any particular achievements
(Continue on an additional sheet if necessary)

PREVIOUS EMPLOYMENT Please start with employment immediately prior to current/ most recent job and work backwards. Continue on a separate sheet if necessary.

Employer name and address and type of business	Position held and brief summary of duties	Dates employed (from and to) and reason for leaving

ADDITIONAL INFORMATION Please add any other information, experience, skills or achievements which you feel are important in support of your application. Include here your reasons for applying and tell us how you feel you meet the essential requirements of the post outlined in the person specification. You may continue on a separate sheet if necessary.

REFERREES Please give the names and addresses of two referees (not a relative) who may be approached, at least one of whom must be your present or last employer (school or college leavers are advised to name a Tutor or Teacher).

NAME: ADDRESS: TELEPHONE NUMBER: CAPACITY IN WHICH KNOWN: FOR HOW LONG:	NAME: ADDRESS: TELEPHONE NUMBER: CAPACITY IN WHICH KNOWN: FOR HOW LONG:
May we approach referee prior to interview ? Yes No	May we approach referee prior to interview ? Yes No

GENERAL INFORMATION

HEALTH

How many days illness have you had in the last two years? days.

How many separate periods of illness was this ?.....

Please give details of any ongoing medical condition or treatment which might affect your work ?

DRIVING

Do you hold a valid driving licence ? Yes No

If you currently hold a driving licence are there any reasons why you may not be free to drive if required to do so (e.g. pending prosecutions)? Please give brief details.....

REHABILITATION OF OFFENDERS

If you have any unspent criminal convictions please provide details on a separate piece of paper and submit this in a sealed envelope marked ' Confidential to the Chief Officer' .

PLEASE NOTE THAT YOU MAY BE REQUIRED TO UNDERGO A CRIMINAL RECORDS BUREAU CHECK .

CANVASSING / RELATIONSHIP

Are you known or related to any Worthing CVS Trustee, employee or volunteer? Yes No

If so please give their name(s), position and relationship to you:

DECLARATION

I confirm that the information I have provided in this application is true and correct and that I have not canvassed any Worthing CVS employees, Trustees or other parties in respect of this appointment. I understand that any false statements on this form may justify dismissal from the CVS's service.

SIGNED.....DATE.....

RETURN THIS FORM TO:

WCVS, COLONNADE HOUSE, WARWICK STREET, WORTHING BN11 3DH

PLEASE REMEMBER TO COMPLETE AND ENCLOSE THE EQUAL OPPORTUNITIES MONITORING FORM WHICH WAS SENT WITH THIS APPLICATION FORM.



worthing council for voluntary service

Supporting and Promoting a Thriving Effective and Influential Voluntary and Community Sector

WORTHING COUNCIL FOR VOLUNTARY SERVICE
EQUAL OPPORTUNITIES MONITORING FORM

Worthing CVS is committed to Equal Opportunities and all applications will be judged regardless of age, sex, marital status, race, ethnic, religious or national origins, sexuality or disability. The following information is collected to enable us to monitor our policy and is detached from the application form prior to shortlisting.

PLEASE INDICATE YOUR ETHNIC ORIGIN:

UK EUROPEAN [] AFRICAN []
ASIAN (INDIAN) [] ASIAN (PAKISTANI) []
ASIAN (BENGALI) [] CHINESE []
AFRO-CARIBBEAN [] VIETNAMESE []
IRISH [] OTHER EUROPEAN []

OTHER (PLEASE SPECIFY).....

WOULD YOU CONSIDER YOURSELF TO BE DISABLED (whether registered or not)? Yes No

ARE YOU: MALE [] FEMALE []

PLEASE GIVE YOUR AGE GROUP:

Less than 18 [] 35-44 []
18-24 [] 45-59 []
25-34 [] over 60 []

HOW DID YOU FIND OUT ABOUT THIS VACANCY?

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SIGNED.....DATE.....