_	PINKLOTUS	
70 3	Cemple Gloud Chous	200

Post Applied for:		Post Number:	
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# **Application Form**

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.											
Section 1	Personal de	tails									
Title:	Last Name:										
First Names:											
Address:											
			<u> </u>								
Postcode:											
Home Telephon	e Number:										
Mobile Telephor	ne Number:										
E-mail address:											
National Insurar	nce Number:										
Are you eligible	to work in the UK?				Yes	s [	No				
Do you hold a full UK driving license?					Yes	s _	No				
If yes, Do you h	ave any points or c	onvictio	ns etc	?:							
Do you hold or a	are you able to obta	ain, a cre	edit ca	rd?	Yes	s [	No				
You are required	to provide evidence	of the ab	ove de	tails at	t your i	ntervie	w by b	ringin	g with	you:	
	eligibility to work in Qualification	the UK	(Pass <sub>i</sub>	port / I	Birth C	ertific	ate et	c) 🗌			
Section 2 Rehabilitation of Offenders Act											
Have you ever been convicted of a criminal			l offen	ice?	Yes [		No				
Have you any prosecutions pending?					Yes [		No				
Have you ever b	Have you ever been bankrupt?  Yes No										
If yes, please give details / dates of offence(s) and sentence:											



Section 3 Health							
Number of days absent in the last 2 years:							
Please state number of times in the last 2 years:							
Are you registered disabled?	YES No						
If yes please provide your disability number and details:							

# Section 4 Education

Date From	Date To	Name of School	Examinations taken and Qualifications Gained (Specify Grades)



## **Section 5 Employment Record**

### Please list chronologically, starting with current or last employer

Name and Address of	Date	Date	Job Title/Job Function/ Responsibilities:	Salary and Reason for
Employer	From:	To:		Reason for Leaving
				_0avg



Use this section to add any further information which directly relates to your suitability for this position.
Are you interested in this position as a job-share? YES/NO



### **Section 7** References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are. (NB. References will only be taken if you commence employment with us)

		oyment with us)	io your i	CICICOS	are. (ND. Nereren	locs will only be		
Reference 1			Refere	nce 2				
Name:			Name:					
Their Position (job title):			Their Po					
Work Relationship:			Work Relation	ship:				
Organisation:			Organis	ation:				
Dates Employed:	From:	То:	Dates E	mployed	: From:	То:		
Address:			Address	s:				
Postcode			Postcod	le				
Telephone №:			Telepho	ne Nº:				
E-mail:			E-mail:					
			=					
Section 8	Declara	ation						
I confirm that the information provided in this application and within my Curriculum Vitae is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the UK and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.								
Signed:				Date:				
Temple Cloud Circus CIC & Pink Lotus undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the General data Protection Act (GDPR) 2016. After initial assessment, Temple Cloud Circus CIC may keep your details on file pending suitable opportunities that may arise in the future. Please tick if you do not wish us to hold your details.								



### Section 9 Recruitment Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Manager purely for monitoring purposes.

Appli	cation for the post of:				
	lp us ensure that our Equal Opportunitie ION OF THE APPLICATION FORM.	s Policy is	s fully ar	nd fairly implemented please COMPLETE	ГНІЅ
What	is your Ethnic Group?				
Choo	se ONE section from A to E, and then tic	k the app	ropriate	box to indicate your cultural background.	
A.	White		D.	Black or Black British	
	White UK			Black Caribbean	
	Irish			Black African	
	White non-UK			Any other Black background (please give details):	
	Any other White background (please give details):				
В.	Mixed		E.	Chinese or other ethnic group	
	White & Black Caribbean			Chinese	
	White & Black African			Vietnamese	
	White & Asian			Any other ethnic background (please give details):	
	Any other Mixed background (please give details):				
C.	Asian or Asian British		F.	I do not wish to provide this information	
	Indian				
	Pakistani				
	Bangladeshi				
	Any other Asian background (please give details):				
		_			



# **Section 9** Recruitment Monitoring Form continued

Gender								
Male		Female						
Disability								
Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".								
Do you consider	yourself disable	ed? Yes [	No					
If yes, please give	e details:							
Age Group								
16-25		26-35		36-45				
46-55		56-65		66-70				
Over 70								
Media								
Please state whe	re you saw this p	oost advertised						