## **JOB APPLICATION FORM**

PLEASE COMPLETE THIS FORM IN BLACK INK

If YES, please give details:



Being there for you and your family

Post applied for:

Surname:	Forename:	
Address:		
		Postcode:
Telephone - Home:	Telephone - Work:	
Геlephone - Mobile:	Email address:	
Do you hold a current driving	licence?	YES NO
s this a clean licence? Y	ES NO If <b>NO</b> , please give details:	
Do you have use of a car?		YES NO
f you were offered employme	nt, how soon would you be able to start?	
f shortlisted, could you attend	for an interview on the date(s) specified (if any)?	YES NO
How did you learn of this vaca	ncy?	
n order for us to be able to su of a close relative within the la	pport you, have you suffered the bereavement st two years?	YES 🗌 NO 🗌
Are you related to any LOROS	employee?	YES NO
or most recent, employer. If yo	ost. If you are or have been employed we require a repute and the second are been with your previous employer. All references are held in strict co	n eighteen months we also
REFERENCE 1	REFERENCE 2	
Name:	Name:	
Status:	Status:	
Address:	A daluace.	
Р	Address:	
	Postcode:	Postcode:
Daytime telephone number:		
	Postcode:	
Email:	Postcode:  Daytime telephone nun	
Email:  We will obtain your permission  Have you ever been subject to	Daytime telephone nun  Email:	nber:
Have you ever been subject to	Daytime telephone num  Email:  n prior to taking up references.  any "disciplinary proceedings" within your current of	nber: or previous employment and

### **EDUCATIONAL QUALIFICATIONS**

Give most recent qualifications first.

If shortlisted you should be prepared to provide proof of any qualifications and registration.

#### SECONDARY / NVQ / GNVQ / DIPLOMA / DEGREE

Da From	tes To	Name of School, College and/or University	Major subjects taken	Qualifications attained

#### PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP OF PROFESSIONAL BODIES

What professional qualifications do you hold?

Da From	Dates Award giving be qualification & le		Give details of major subjects taken and where studied, examinations taken and results attained	Professional Registration No. (for example, NMC)	

#### **RELEVANT TRAINING AND POST QUALIFICATION / REGISTRATION COURSES**

Training provider	Details of course	Full time/part time	Date(s) undertaken

IMMIGRATION STATU	JS		
Are you a British Citizen or E	European Commu	nity National?	YES NO
	· · · · · · · · · · · · · · · · · · ·	e length of time that you may stay	in the United Kingdom? YES  NO
If YES, do you require a wor	rk permit or perm	ission to work in the United Kingdo	om? YES 🗌 NO 🗌
Permit number:	E:	xpiry date: Type:	
FARLOVALENT LUCTO	NDV		
EMPLOYMENT HISTO	JKY		
<b>Give most recent first.</b> List all previous positions he	eld, giving reason	s for any gaps. You may attach add	itional sheets if required.
Employer's name and full address	Dates from / to (month & year)	Job title and main duties	Reason for leaving and salary
MEDICAL INFORMAT	ION		
requirements of this particular function that is intrinsic to	ular job? (This is on the job).		
If YES, please give details a	nd specify any rea	sonable adjustments required:	
Do you require any assistan	ce to attend and <sub>I</sub>	participate in an interview?	YES NO
<b>If YES,</b> please specify any re	easonable adjustm	nents required:	

#### **EQUAL OPPORTUNITIES POLICY STATEMENT**

LOROS aims to ensure that no individual receives more or less favourable treatment on the grounds of race, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, sex and sexual orientation and religion or belief.

In order for us to monitor the effectiveness of our policy we would like you to complete this form and return it with your application.

If you do not feel comfortable disclosing any characteristics on this form please select the "prefer not to answer" option.

This information will be processed anonymously and will be treated in the strictest confidence in accordance with the Data Protection Act 2018. This information will be used solely for the purposes of the monitoring of our policy and for statistical purposes.

This information will be kept separate from your application form.

WHATIS	S YOUR GEN	IDER?					
☐ Female	□Male	Other (i	f you marked "c	other" how wou	uld you describ	e yourself)	
Prefer not	t to answer						
DO YOU	IDENTIFY \	WITH THE S	AME GEND	ER AS THE C	NE YOU WE	ERE BORN WITH?	
Yes	□No	☐ Prefer no	ot to answer				
WHATIS	S YOUR DAT	E OF BIRTH	1?				
D D	мм	YY	Υ				
Age band: (p	olease tick)						
☐ less than		25-29	30-34	□ 35-39	40-44	<u>45-49</u>	
50-54		□ 55-59	60-64	65-69	□ 70-74	☐ 75 plus	
PLEASE	CHOOSE O	NE OPTION	THAT BEST	DESCRIBES	YOUR REL	ATIONSHIP STATU	S
Divorced	/D:l-   : ::			ingle			
	/Dissolved civil	i partnersnip		3			
☐ In a relation		i partnersnip			ving civil partn	er	_
	onship	i partnersnip				er	
☐ In a relation	onship			Vidowed/Surviv	escribe:-	er	
☐ In a relation ☐ Living wit ☐ Married/c	onship th partner civil partnershi	р		Vidowed/Surviv Other please de Prefer not to ans	escribe:-	er	
☐ In a relation ☐ Living wit ☐ Married/c ☐ Separated	onship th partner civil partnershi	p lly married or i	□ v □ c □ p	Vidowed/Surviv Other please de Prefer not to ans	escribe:-	er	
☐ In a relation ☐ Living wit ☐ Married/c ☐ Separated	onship th partner civil partnershi d but still legal	p lly married or i	\\ C P in a civil partne	Vidowed/Surviv Other please de Prefer not to ans	escribe:- swer	er  Heterosexual	
☐ In a relation ☐ Living wite ☐ Married/co ☐ Separated  SEXUAL ☐ Bisexual	onship th partner civil partnershi d but still legal  ORIENTATI	p lly married or i ION ay female/lesb	\\ C P in a civil partne	Vidowed/Surviv Other please de Prefer not to ans ership	escribe:- swer		
☐ In a relation ☐ Living with ☐ Married/co ☐ Separated  SEXUAL ☐ Bisexual ☐ Other (if y	onship th partner civil partnershi d but still legal  ORIENTATI	p lly married or i ION ay female/lesb	□ W □ C □ P in a civil partne	Vidowed/Surviv Other please de Prefer not to ans ership	escribe:- swer		
☐ In a relation ☐ Living wit ☐ Married/c ☐ Separated  SEXUAL ☐ Bisexual ☐ Other (if you have a second control of the control	onship th partner civil partnershi d but still legal  ORIENTATI  Ga you marked "ot	p Ily married or i ION ay female/lesk ther" how wou	□ W □ C □ P in a civil partne	Vidowed/Surviv Other please de Prefer not to ans ership	escribe:- swer		

# PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR ETHNIC GROUP OR BACKGROUND

Asian/Asian British		Mixed/multiple e	thnic groups				
☐ Bangladeshi or British Bangladeshi		☐ White and Asian					
☐ British Asian ☐ Chinese ☐ Indian or British Indian ☐ Pakistani or British Pakistani		☐ White and Black African ☐ White and Black Caribbean ☐ Other please describe:  White					
				☐ Sri Lankan			
				Other please describe:		English/Welsh/Scottish/Northern Irish/British	
				Black/African/Caribbean/Black Bri	tich	<ul><li>☐ European Mixed</li><li>☐ Gypsy or Irish traveller</li></ul>	
African	CISII	☐ Gypsy of mish ti	avener				
Caribbean		Polish					
Somali		☐ Western Europe	220				
Other please describe:		Other Eastern E					
Other please describe.		Other please de	·				
		Other please de	escribe.				
		Other ethnic group					
		☐ Arab					
		Other please describe:					
PLEASE CHOOSE ONE OPTI	ON THAT REST	DESCRIBES VOII	D DELIGION OD BELIEE				
- FEEASE CHOOSE ONE OF H	ON ITIAL DEST	DESCRIBES TOO	- CONTRACTOR OF BELLET				
Bahai	Hindu		Sikh				
Buddhist	Jain		Prefer not to answer				
☐ Christian (including Church of England Catholic, Protestant,	☐ Jewish		Other please describe				
and all other Christian	Muslim						
Denominations)	$\square$ No religion						
DO YOU CONSIDER YOURSI	FLE TO HAVE A	DISABILITY, OR A	A LONG TERM II I NESS.				
PHYSICAL OR MENTAL HEA							
on the person's ability to carry out no	has lasted or is exp	pected to last at least	mental impairment, which has a 12 months) and has an adverse effect				
If you have answered "yes" to this que People may experience more than or			ent that applies to you.				
Details (including any special require	ements)						

ADDITIONAL INFORMATION	
Please give, by way of a concise account, examples of exapplication. You may draw upon your professional and papplication. In particular, explain what attracts you to the skills and experience that you would bring to it. You may	personal life. Include your reasons for making this is position, why you want to change and the personal
DISCLOSURE AND BARRING SERVICE	
As part of the pre-employment checks, most posts at LO and that appointment will be subject to this.	ROS will require a Disclosure and Barring Service check
DATA PROTECTION	
I understand that LOROS will hold and process personal data about me. This information is collected for the purposes of the recruitment and selection process and where necessary, for the conduct of LOROS business. I understand that some of the personal details LOROS will hold about me may be classed as	records will be destroyed. LOROS is subject to the Data Protection Act 2018 and all applicable law about the processing of personal data and privacy; and will process personal data in accordance with all relevant legislation. I understand that I must comply with the provisions of the LOROS Data Protection Policy.
sensitive (such as the medical information). I understand that LOROS will not disclose any of my personal information to third parties unless required to do so by law or to meet a statutory obligation, or I have consented to that sharing	I understand that if I am not successful in my application this document will be kept on file for six (6) months following my application being received; at which point it will be destroyed.
where necessary.	*For more information on your rights and what we do with your information.

**DECLARATION** 

All details will be held securely during the period of time that you are employed at LOROS and for six (6) years after ceasing your employment at which time the

I declare that the information on this form and on any enclosed papers is true and complete to the best of my knowledge and belief and will form any part of my contract of employment should a job offer be made. I know of no health reasons which would prevent my undertaking the duties of the post for which I have applied. I agree to LOROS verifying the information given. I understand that if any information that I have supplied is later found to be false or if I am found wilfully to have suppressed any material, fact that I shall be liable to be disqualified or, if appointed, dismissed.

view the LOROS Privacy policy at loros.co.uk/about/data-protection

Signed: Date: