JOB APPLICATION FORM

PLEASE COMPLETE THIS FORM IN BLACK INK

If YES, please give details:



Post applied for:

Being there for *you* and *your family*

PERSONAL DETAILS		
Surname:	Forename:	
Address:		
		Postcode:
Telephone - Home:	Telephone - Work:	
Telephone - Mobile:	Email address:	
Do you hold a current driving licence?		YES NO
Is this a clean licence? YES _ NO	☐ If NO, please give details:	
Do you have use of a car?		YES NO
If you were offered employment, how so	oon would you be able to start?	
If shortlisted, could you attend for an int	terview on the date(s) specified (if any)?	YES NO
How did you learn of this vacancy?		
In order for us to be able to support you	ı, have you suffered the bereavement	
of a close relative within the last two year	ars?	YES NO
Are you related to any LOROS employee	2?	YES NO
upon your suitability for the post. If you or most recent, employer. If you have be	factory references. sses of two people who are not related to yare or have been employed we require a reference with your present employer for less that employer. All references are held in strict co	eference from your present, n eighteen months we also
REFERENCE 1	REFERENCE 2	
Name:	Name:	
Status: Status:		
Address: Address:		
Postcode:		Postcode:
Daytime telephone number: Daytime telephone number:		nber:
eail: Email:		
We will obtain your permission prior to	taking up references.	
	iplinary proceedings" within your current o edings in the UK or in any other country?	r previous employment and/or YES NO
If YES, please give details:		
, , , , , , , , , , , , , , , , , , , ,	re there any resolved issues against you eitl ory body in the UK or in any other country?	<u> </u>

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?

Dates Award giving body From To qualification & level		Give details of major subjects taken and where studied, examinations taken and results attained Frofessional 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 STATUS			
Are you a British Citizen or European Community National?			
If NO, is there any restriction placed upon the 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:	
EMPLOYMENT HISTO	DRY		
Give most recent first. 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		
	ılar job? (This is oı	or health problems which will affectively relevant to those jobs where yo	
If YES, please give details and specify any reasonable adjustments required:			
Do you require any assistance to attend and participate in an interview? YES \(\subseteq \text{NO} \(\subseteq \)			
If YES, 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.

WHAT IS YOUR GENDER?	
	her (if you marked "other" how would you describe yourself)
	ner (il you marked other now would you describe yourself)
Prefer not to answer	
Prefer flot to answer	
DO YOU IDENTIFY WITH T	HE SAME GENDER AS THE ONE YOU WERE BORN WITH?
☐Yes ☐ No ☐ Pre	fer not to answer
WHAT IS YOUR DATE OF B	IRTH?
D D M M Y Y	YY
Age band: (please tick)	
\square less than 25 years \square 25-	29 🗆 30-34 🗆 35-39 🗆 40-44 🗆 45-49
□ 50-54 □ 55-	59
PLEASE CHOOSE ONE OPT	TION THAT BEST DESCRIBES YOUR RELATIONSHIP STATUS
☐ Divorced/Dissolved civil partners	ship Single
☐ In a relationship	☐ Widowed/Surviving civil partner
Living with partner	Other please describe:-
☐ Married/civil partnership	☐ Prefer not to answer
Separated but still legally marrie	d or in a civil partnership
SEXUAL ORIENTATION	
☐ Bisexual ☐ Gay female	e/lesbian Gay Male Heterosexual
Other (if you marked "other" how	v would you describe yourself)
☐ Prefer not to answer	
ARE YOU PREGNANT?	
	fer not to answer

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

Asian/Asian British		Mixed/multiple	ethnic groups	
☐ Bangladeshi or British Bangladeshi		☐ White and Asian		
☐ British Asian ☐ Chinese ☐ Indian or British Indian ☐ Pakistani or British Pakistani		☐ White and Blac	k African	
		☐ White and Blac	k Caribbean	
		Other please d	escribe:	
		- White		
☐ Sri Lankan		English/Welsh/Scottish/Northern Irish/British		
Other please describe:				
Black/African/Caribbean/Black British		☐ European Mixed☐ Gypsy or Irish traveller		
African	(1311	☐ Irish	ravener	
Caribbean		☐ Polish		
Somali		☐ Western Europe	ean	
Other please describe:			Other Eastern European	
Other please describe.		Other please describe:		
		Other ethnic group		
		Arab		
		Other please describe:		
PLEASE CHOOSE ONE OPTI	ON THAT BEST	DESCRIBES YOU	R RELIGION OR BELIEF	
			_	
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)	☐ No religion			
DO YOU CONSIDER YOURSI	LF TO HAVE A	DISABILITY, OR /	A LONG TERM ILLNESS,	
PHYSICAL OR MENTAL HEA	LTH CONDITIO	N?		
The Equality Act 2010 defines a personal substantial and long term effect (i.e. 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	
☐ Yes ☐ No ☐ Prefe	r not to answer			
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 experiences that you have had that would support your application. You may draw upon your professional and personal life. Include your reasons for making this application. In particular, explain what attracts you to this position, why you want to change and the personal skills and experience that you would bring to it. You may continue on a separate sheet if you wish.			
DISCLOSURE AND BARRING SERVICE			
As part of the pre-employment checks, most posts at LC and that appointment will be subject to this.	PROS 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 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	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. 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		
so by law or to meet a statutory obligation, or I have consented to that sharing	kept on file for six (6) months following my application being received; at whic point it will be destroyed.		

where necessary.

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

*For more information on your rights and what we do with your information, view the LOROS Privacy policy at loros.co.uk/about/data-protection

DECLARATION

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.

Signed: Date: