# **JOB APPLICATION FORM** PLEASE COMPLETE THIS FORM IN BLACK INK



#### **POST APPLIED FOR:**

PERSONAL DETAILS	
Surname: Forename:	
Address:	
	Postcode:
Telephone: 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 soon would you be able to start?	
If shortlisted, could you attend for an interview on the date(s) specified (if a	any)? YES 🗌 NO 🗌
How did you learn of this vacancy?	
In order for us to be able to support you, have you suffered the bereavemend of a close relative within the last two years?	nt Prefer not to say
Are you related to any LOROS employee?	YES 🗌 NO 🗌

## REFERENCES

#### All appointments are subject to satisfactory references.

Please give below the names and addresses of two people who are not related to you and who can comment upon your suitability for the post. If you are or have been employed we require a reference from your present, or most recent, employer. If you have been with your present employer for less than eighteen months we also require a reference from your previous employer. All references are held in strict confidence.

REFERENCE 1	REFERENCE 2 Name:		
Name:			
Relationship to you: 🗌 Current employer	<b>Relationship to you:</b> Current employer		
Previous employer	Previous employer		
Personal	Personal		
Email:	Email:		
We will obtain your permission prior to taking up	references.		
Have you ever been subject to any "disciplinary p	roceedings" within your current or previous employment and/or		

subject to any "fitness to practise" proceedings in the UK or in any other country? YES NO

If YES, please give details:

Are any investigations taking place or are there any resolved issues against you either within your current or previous employment or by any regulatory body in the UK or in any other country? YES  $\square$  NO  $\square$ 

**If YES,** please give details:

# **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	ntes To	Award giving body qualification & level	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

al? YES NO YES N
ork in the United Kingdom? YES 🗌 NO 🗌
Туре:
0

# **EMPLOYMENT HISTORY**

#### Give most recent first.

List all previous positions held, giving reasons for any gaps. You may attach additional 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 INFORMATION**

Do you consider that you have any disability or health problems w	hich will affect how you carry out any
requirements of this particular job? (This is only relevant to those jo	obs where you would be required to undertake
a function that is intrinsic to the job).	YES 🗌 NO 🗌

If YES, please give details and specify any reasonable adjustments required:

Do you require any assistance to attend and participate in an interview?	YES 🗌 NO 🗌	
If YES, please specify any reasonable adjustments 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?				
Female Mal	e 🗌 Other (if	you marked "	other" how wo	uld you describ	pe yourself)
Prefer not to answ	er				
DO YOU IDENT	IFY WITH THE S	AME GEND	ER AS THE C	ONE YOU WE	ERE BORN WITH?
Yes No	🗌 Prefer no	ot to answer			
WHAT IS YOUR	DATE OF BIRTH	!?			
D D M M	YYY	Y			
Age band: (please tic	k)				
less than 25 years	25-29	30-34	35-39	40-44	45-49
50-54	55-59	60-64	65-69	70-74	☐ 75 plus
PLEASE CHOO	SE ONE OPTION	THAT BEST	DESCRIBE	S YOUR REL	ATIONSHIP STATUS
Divorced/Dissolve	d civil partnership		ingle		
In a relationship		V	/idowed/Survi	ving civil partn	er
Living with partner Other please describe:-					
Married/civil partnership Prefer not to answer					
Separated but still	legally married or i	n a civil partne	ership		
SEXUAL ORIEN	TATION				
Bisexual	Gay female/lesb	ian	Gay Mal	е	Heterosexual
Other (if you mark	ed "other" how wou	ld you describ	e yourself)		
Prefer not to answ	er				
ARE YOU PREG	NANT?				
Yes No	Prefer no	t 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	White and Black African		
	White and Black Caribbean		
Indian or British Indian	Other please describe:		
Pakistani or British Pakistani	White		
Sri Lankan	English/Welsh/Scottish/Northern Irish/British		
Other please describe:	European Mixed		
Black/African/Caribbean/Black British	Gypsy or Irish traveller		
African	□ Irish		
Caribbean	Polish		
Somali	Western European		
Other please describe:	Other Eastern European		
	Other please describe:		
	Other ethnic group		
	Arab		

Other please describe:

# PLEASE CHOOSE ONE OPTION THAT BEST DESCRIBES YOUR RELIGION OR BELIEF

Bahai	Hindu	Sikh
Buddhist	Jain	Prefer not to answer
Christian (including Church of	Jewish	Other please describe
England Catholic, Protestant, and all other Christian	Muslim	
Denominations)	No religion	

# DO YOU CONSIDER YOURSELF TO HAVE A DISABILITY, OR A LONG TERM ILLNESS, PHYSICAL OR MENTAL HEALTH CONDITION?

The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment, which has a substantial and long term effect (i.e. has lasted or is expected to last at least 12 months) and has an adverse effect on the person's ability to carry out normal day to day activities.

🗌 Yes

L

Prefer not to answer

If you have answered "yes" to this question, please state the type of impairment that applies to you. People may experience more than one type of impairment.

Details (including any special requirements)

No

## **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 LOROS will require a Disclosure and Barring Service check and that appointment will be subject to this.

## **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 so by law or to meet a statutory obligation, or I have consented to that sharing 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

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 point it will be destroyed.

\*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:

## PLEASE SEND YOUR COMPLETED APPLICATION TO: hr@loros.co.uk