



The John Clare Trust
 John Clare Cottage, Woodgate, Helpston PE6 7ED
 AN EQUAL OPPORTUNITY EMPLOYER
 Telephone: 01733 253330
 Email: opportunities@clarecottage.org

APPLICATION FOR EMPLOYMENT - CONFIDENTIAL

Position applied for:	Closing Date	Job ref. No.:
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CVs will not be accepted as a substitute to this form. Please complete using either BLOCK capitals, typewritten format or electronically. All forms should be signed and returned by the closing date. Information provided on this form will be used for the short-listing process. It is therefore your responsibility to ensure that you demonstrate, on this form, how you meet the criteria set out in the Employee Specification for the post. The John Clare Trust reserves the right to exclude any application from the short listing exercise when the instructions outlined on this form have not been followed.

1. PERSONAL DETAILS

Surname	Forenames	Title	(Mr/Mrs/Miss/Ms/Other)
Address		Telephone No. (Evening)	
.....		Telephone No. (Day)	
.....		Date of Birth	
Post Code	National Insurance No.		

2. DISABILITY AND ARRANGEMENTS FOR INTERVIEW

Do you consider yourself disabled? Yes No

If so, do you require any arrangements to assist you if called for interview? Yes No

If yes, please state the arrangements which would be needed for you to attend

.....

3. HEALTH

Applicants called to interview may be asked to complete a health questionnaire and may be required to undergo a medical examination. A disability or health problem does not preclude full consideration for employment.

How many days have you been absent from work due to illness in the past two years?

Is there any additional information you wish to provide?

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4. CONVICTIONS

Have you been convicted of a criminal offence which is not treated as 'spent' under the Rehabilitation of Offenders (NI) Order 1978? Yes No

If yes, give details

It should be noted that convictions for offences do not necessarily deter an applicant from obtaining employment.

5. EDUCATION AND QUALIFICATIONS

Secondary Education Please list below any qualifications obtained while in secondary education

Date	Type of examination e.g. GCE, GCSE etc.	Subject	Result/Grades

Further and Higher Education Please list below any qualifications obtained whilst in further or higher education

Date of Attendance	Educational Establishment	Title of Qualification e.g. BTEC, BSc Econ, etc	Main Subjects	Result/Grades

6. PROFESSIONAL QUALIFICATIONS AND MEMBERSHIP

Please list below any professional qualifications obtained and/or membership of professional bodies

Organisation	Title of Examination, Date and Result	Type of Membership and Joining Date

7. EMPLOYMENT HISTORY

Please give details of the posts you have held starting with your present or most recent employer and please account for any gaps in employment (continue on a separate page if necessary and ensure your name appears at the top of each additional page).

Employer Name, Address, and Nature of Business	Date(s)		Job Title, Duties, Responsibilities and Reason for Leaving <i>If your job was part-time, please indicate.</i>
	From	To	

Earnings per annum for last/most recent employment £ Commission/Bonus/
 Other Benefits etc. £

Period of notice required

8. RELEVANT TRAINING

Please give below any relevant training which you have received.

Empty box for relevant training details.

9. ADDITIONAL INFORMATION

Please give below any particular skills which you would bring to the post and any other information relevant to your application (continue on a separate page if necessary and ensure your name appears at the top of each additional page).

Empty box for additional information.

10. REFEREES

Please give details of two referees, not related to you, one of which should be your current (or most recent) employer. Referees will not be contacted until the interview process is complete.

Name:	.....	Name:	.....
Address:	.....	Address:	.....
Phone No:	.....	Phone No:	.....
Relationship:	.....	Relationship:	.....

11. DRIVING LICENCE

Do you have a full current driving licence? Yes No Do you have access to a car? Yes No

12. DECLARATION

The information given by me on this application is, to the best of my knowledge and belief, true and correct. I also understand that any misrepresentation by me will lead to the withdrawal of any offer of employment or my employment being terminated without any obligation of liability on the part of the Committee other than for services rendered.

Signed: _____ Date: _____

Return completed form and monitoring information to:
The Executive Officer, The John Clare Trust,
John Clare Cottage Woodgate Helpston PE6 7ED.



The John Clare Trust

Surname: _____ Application Reference _____
(Job Ref.)

Forename: _____

Please state here where you learned about this vacancy: _____

EQUAL OPPORTUNITIES MONITORING FORM

The John Clare Trust appoints employees, interns and volunteers on merit and does not discriminate unfairly or unlawfully in recruitment, employment, or other treatment. We are legally required to monitor the information requested below to ensure equality of opportunity. Any information you provide on this form is confidential and for monitoring purposes only. It will NOT be used as part of any selection process.

(Please enter details and tick appropriate boxes below)

GENDER Male [] Female [] DATE OF BIRTH _____ dd/mm/yyyy

ETHNIC ORIGIN

NATIONALITY

- White: British [] Asian or Asian British: Pakistani []
White: Irish [] Chinese []
Other White background* [] Other Asian background* []
Black or Black British: Caribbean [] Mixed: White & Black Caribbean []
Black or Black British: African [] Mixed: White & Black African []
Other Black background* [] Mixed: White & Asian []
Asian or Asian British: Indian [] Other Mixed background* []
Asian or Asian British: Bangladeshi [] Other background* []

*If you have ticked any boxes marked 'other' please provide further details here:

RELIGION OR BELIEF - Monitoring this will enable us to make appropriate adjustments where possible. We are not legally required to monitor this information
Buddhist [] Christian []
Hindu [] Jewish []
Muslim [] Sikh []
No religion or belief [] Any Other Religion (Please state)

DISABILITY - Please read Part 1 of the attached Disability Support Information Form overleaf and then return and tick the appropriate box below:

Do you consider that you have a disability or health condition which falls within the Disability Discrimination Act definition? Yes [] No []

Thank you for completing this form. Application/Job Reference _____

Surname: _____

Forename: _____

DISABILITY SUPPORT INFORMATION

PART 1

The definition of disability according to the Disability Discrimination Act 1995 (DDA) is "A 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". (Long-term is taken to mean more than 12 months). Anyone who has a diagnosis of HIV, cancer or Multiple Sclerosis is automatically treated as disabled under the DDA. We do not discriminate on the grounds of a person's disability and we are committed to providing appropriate support for staff and students with disabilities. The following information will assist us to do this.

Do you consider that you have a disability or health condition which falls within the above Disability Discrimination Act definition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'No' you do not have to submit this form. Please disregard this form and return to the Equal Opportunities Monitoring Form and tick the 'No' box.

If 'Yes' please complete PART 2 of this form.

PART 2

Please select the nearest description of your disability / disabilities below:

- | | | | |
|---|--------------------------|--|--------------------------|
| Specific Learning Disability, e.g. Dyslexia, dyspraxia, dyscalculia | <input type="checkbox"/> | Blind / serious visual impairment | <input type="checkbox"/> |
| Deaf / serious hearing impairment | <input type="checkbox"/> | Wheelchair user or other physical or mobility impairment | <input type="checkbox"/> |
| Cognitive impairment, e.g. Autistic Spectrum Disorder or from head injury | <input type="checkbox"/> | Mental health conditions including depressive illness | <input type="checkbox"/> |
| General learning disability e.g. Down's Syndrome | <input type="checkbox"/> | Long-standing illness or health condition (e.g. epilepsy, HIV, asthma, diabetes, cancer) | <input type="checkbox"/> |

Any disability, condition or special needs not listed above – please state:

Information disclosed regarding your disability and/or additional needs will be dealt with in the strictest confidence. Without knowledge of your disability, it may be difficult to fully support your needs and make necessary adjustments for you.

If you have completed Part 2 please return this form with the Equal Opportunities Monitoring Form
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