

Confidential
SICKLE CELL SOCIETY
JOB APPLICATION FORM

POSITION APPLIED FOR: _____

SURNAME: _____

OTHER NAMES: _____

ADDRESS: _____

_____ POST CODE _____ email: _____

DATE OF BIRTH: _____

DAYTIME PHONE No: _____ EVENING PHONE No: _____

MAY WE CONTACT YOU AT WORK? Yes/No (delete as applicable)

EDUCATION: (Please show schools/colleges/universities etc. attended and qualifications obtained)

Date (From/To)	Name of School/College University	Exams Passed/Qualifications with Grades

**EMPLOYMENT HISTORY:
PRESENT OR MOST RECENT EMPLOYMENT:**

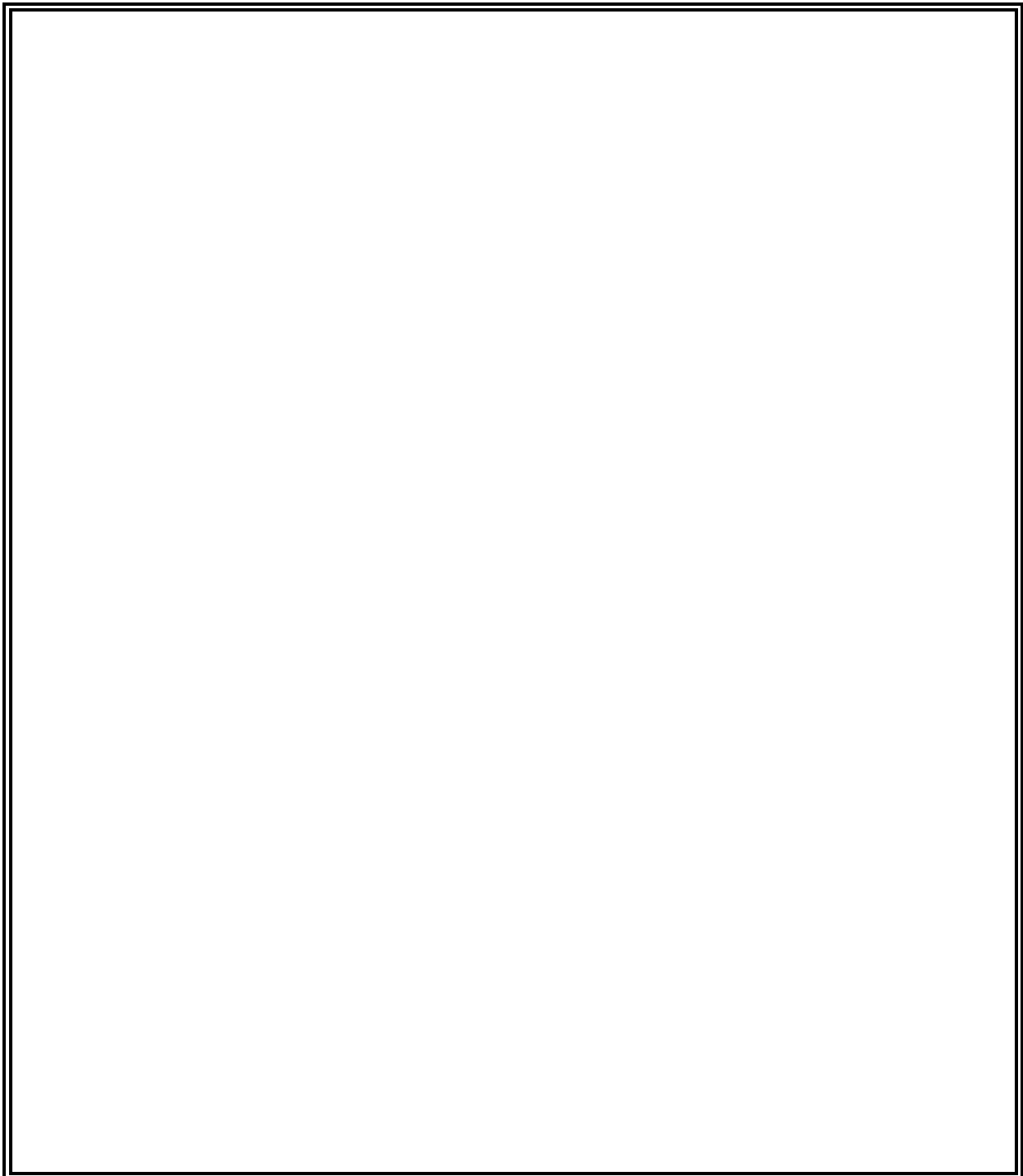
<p>Name and address of employment:</p> <p>.....</p> <p>.....</p> <p>Brief Outline of duties:</p> <p>Salary:£ _____</p> <p>Reason for wishing to leave/leaving:</p>	<p>Job Title:</p> <p>.....</p> <p>.....</p> <p>Date started:</p> <p>Date left:</p> <p>Notice Required:</p>
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PREVIOUS EMPLOYMENT (START WITH MOST RECENT):

Organisation & Address	Title	Salary £	From	To	Brief Description and Reason for Leaving

INFORMATION IN SUPPORT OF YOUR APPLICATION:

Please give your reasons for applying for this post and provide a summary of previous experience, achievements, abilities, and skills that are relevant to the responsibilities of the post applied for. Please address each point in the Person Specification.



(Please continue on separate sheet if necessary)

HEALTH:

Please provide details of any serious illness from which you have suffered:

Number of days absent through illness in the last 12 months: _____

On the advice of our Medical Advisor you may be required to undergo an examination by an approved doctor, before an offer of employment is made.

Do you agree to undergo such a medical examination? **YES/NO**

REFERENCES:

Please give the names of two referees. They should have knowledge of you in a working environment, either paid or voluntary. One should be your current employer, who will only be contacted if we are considering offering you the post, and only with your agreement.

Name:	Name:
Position:	Position:
Address:	Address:
Telephone No:	Telephone No:
Email address:	Email address:
Please state your professional relationship to your referee:	Please state your professional relationship to your referee:

DECLARATION:

I wish to apply for the position indicated on this form. I declare that all the information submitted in this application is true. I understand that before starting work I will be required to produce documentation confirming my right to live and work in the UK as per section 8 of the Asylum & Immigration Act 1996.

Signed _____ Date _____

EQUAL OPPORTUNITIES MONITORING FORM

We would be very grateful if you would also complete the information on this sheet. This will be treated as strictly confidential and will only be used to monitor the effectiveness of our equal opportunities procedures.

APPLICATION FOR POST OF: _____

Sex

Male

Female

Ethnic Origin

African

Asian

Caribbean

Black UK

White UK

Other European

Other (please specify)

Disability

Yes

No

If Yes, please state nature of disability:

Are you registered disabled

Yes

No

What specific facilities do you need at interview or for work _____

Where did you see the advertisement for this post? _____

People with disabilities and persistent health problems have often been excluded from employment opportunities. We at the Sickle Cell Society are using the word 'Disability' to include people with obvious disabilities and people with invisible disabilities or persistent health problems.