

APPLICATION FOR EMPLOYMENT

ETHNIC HEALTH FOUNDATION

**ROCKINGHAM COMMUNITY CENTRE
ROCKINGHAM STREET LONDON SE1 6PD
Tel: 020 7407 6588. Fax: 0207 403 2680**

PLEASE COMPLETE THIS APPLICATION FORM IN TYPE OR BLACK INK

If you have any difficulty completing this form please ask someone to help you. We would like to take this opportunity to thank you for applying

Post applied for _____ Reference No. _____

Source of Application _____ Closing Date _____
(please state Publication)

Personnel Details

Surname _____ First Name(s) _____

Title (Mr Ms Miss Dr) _____ Date of Birth _____

Address (including your post code) _____ Telephone No. _____

_____ Work _____

_____ Home _____

First Available Date of Employment _____ Work Permit _____
(if appropriate)

Do you need a work permit in this country? Yes/ No _____

References

Please give below names and addresses of two referees one of whom should be either your present employer if currently employed and the other referee should be your previous employer/school/college.

Friends and relatives may not be used as referees. Please state in what capacity you are known to the referees:

1.Name : _____ 2.Name: _____

Address: _____ Address: _____

Capacity: _____ Capacity _____

Tel No: _____ Tel No: _____

Fax: _____ Fax: _____

If you are short – listed we will contact your referees before interview. If you do not wish us to approach either of your referees at this stage please tick the box,

Ref 1

Ref 2

Education and Training

Schools (since 11)	From	To	Exams Taken	Grade	Date
University/College	From	To	Qualifications	Grade	Date

If you are state registered please complete the following section

Registration No.	Date of Registration	Date Obtained

If you have any other professional Qualification(s) please complete the following section

Registration No.	Date of Registration	Date Obtained

Training : please give details of other formal training courses attended and dates (e.g. Management/Enrolment)

Proposed Further Qualifications:

Present or most Recent Employment

From: _____ To: _____

Post Held and Main Duties

Employers Name and Address:

Telephone No: _____

Grade: _____

Reason for Leaving _____

Salary: _____

Employment Prior to above starting with most recent:

Employers Name and address	From	To	Post Held, Grade & Main Duties	Reasons for Leaving

Please read the job description and person specification carefully and make full use of this section, attaching additional sheets if necessary, to provide further information in support of your application.

Please be sure to include:

- i) The reasons why you are applying for the post.
- ii) Details of any relevant experience gained either in paid or voluntary capacity
- iii) Details of any training, education or other interests relevant to the post

_____	_____	_____
_____	_____	_____

EQUAL OPPORTUNITIES IN EMPLOYMENT

Statement

The Ethnic Health Foundation is committed to achieving Equal Opportunities in employment and will keep under review its policies and procedures and practices. We aim to ensure that there is no direct or indirect discrimination against any person on the grounds of race, nationality, ethnic or national origins, sex, sexual orientation, marital status, age, social background, or disability, when recruiting, selecting training or promoting staff.

Monitoring

For the Equal Opportunity policy to be effective, and help identify areas where positive action may be required, monitoring must take place. This means that we must be able to collect information on applicants ethnic origin, marital status, sex and disabilities

This information is for monitoring purposes only and will be treated in the strictest confidence. This questionnaire will be separated from the rest of the application form before short listing

Post Applied For & Ref No.

Department:

Surname:

Previous Surname:

(If applicable)

Forename(s):

Age:

Ethnic Origin

Ethnic origin does not mean nationality, but normally refers to the people or culture with which a person's immediate family identify with

Please read the definitions below and tick the appropriate box

White Black Caribbean Black African

Black Other Indian Pakistani

Bangladeshi Chinese Any other ethnic group

Not Known Refuse to answer

Sex

Male Female

Marital Status

Single Married Separated

Disability

Disabled Registered Disabled Unregistered

Reg No _____

Expiry Date _____

Nationality _____

Country of Home _____

Signature _____

Date _____