

3 PRESENT AND PAST EMPLOYMENT DETAILS

Position held and brief description of your duties and final salary of your last post (<i>most recent first</i>)	Employers and Nature of Business	Date From	Date To	Reason for Leaving
Salary				
Salary				
Salary				
Salary				

Professional body

Membership No.

Date admitted

4 SUPPORTING STATEMENT

Please use this space to give further details in support of your application. In particulars state why you want the job and what relevant skills, knowledge and experiences you have. You should address the Core Competencies listed in the role profile directly, and you should read the guidance notes on completing the application form before completing this section. You may wish to include details of any voluntary work or outside interests, special skills or qualities that you have.

5 HEALTH AND GENERAL ATTENDANCE

Please give details of any medical conditions past or present which may affect your work

Please indicate days absent from work through sickness in the last 12 months

Number of occasions

Have you been absent from work for more than 4 weeks at any one time in the last 5 years?

Yes

No

If you have answered 'Yes' please give details

Please note that any offer of employment made is subject to satisfactory health clearance. Although any issues arising from this process will not unreasonably prevent an offer of employment

6 ABOUT YOU

To the best of your knowledge, are you related to, or the partner of any past or present staff member, Board member, tenant or partner Housing association? <i>If 'Yes', please state</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="text"/>				
Are you a tenant or former tenant of Croydon Churches Housing Association?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you require a work permit to work in the UK?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you subject to any conditions relating to your employment in the UK? <i>If 'Yes', please state</i>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
<input type="text"/>				
If you do not have a national insurance number, we will ask you to produce evidence of eligibility to work in the UK				
Do you have a full and valid driving licence?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you able to provide your own transport?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
List any criminal convictions other than 'spent conviction'. <i>If 'None', state none</i> <i>The information provided will be confidential and will be considered only in relation to this application</i>	None	<input type="text"/>		
<input type="text"/>				

7 REFEREES

Please give the names of at least two referees, one of whom should be your current / last employer. Our normal practice is to both telephone and write to your referees, so please ensure you give a current telephone number.

Name, address and telephone number of referee	Capacity in which they know you
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

8 DATA PROTECTION

The personal information submitted by you on this application form and in any accompanying documents will be used by CCHA, and any other person it appoints to assist, for the purpose of appointing to the job applied for and to monitor the effectiveness, efficiency and fairness of the selection process. The information may also be used in internal proceedings to consider a complaint about the selection process and/or to defend CCHA against a legal challenge to the fairness of the selection process from any interested party. For these reasons, the information you submit will be kept for 6 months if you are not shortlisted and 1 year if you are. The information supplied by you will also be subject to verification and we may need to contact people and/or organisations to confirm some of the facts contained in your application, e.g. referees previous employers, educational establishments, examination bodies etc.

I have read the above statement and consent to the personal data submitted with this job application being used for the purposes described. Please sign the statement below indicating your consent to the information being held used and certified as described above. If you decline to give your consent as requested CCHA will be unable to consider your application for employment.

9 DECLARATION

I declare that the information provided in this application is, to my knowledge, correct.
I understand that false information could lead to the termination of employment.

Signature	<input type="text"/>	Date	<input type="text"/>
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FOR HUMAN RESOURCES USE ONLY		FT / PT	<input type="checkbox"/>
Results of Shortlisting	<input type="text"/>	Perm / Temp	<input type="text"/>
Interview date / Place	<input type="text"/>	O H Clearance	<input type="text"/>
Results of interview	<input type="text"/>	Grade	<input type="text"/>
Reference requested	<input type="text"/>	ECU	<input type="text"/>
Documents seen	<input type="text"/>	Start Date	<input type="text"/>