



APPLICATION FORM
CONFIDENTIAL – Part 1 PERSONAL DETAILS
(These will be removed for the short-listing panel)

Post applied for:

Application Reference Number: _____

(Please complete using black ink)

SURNAME:	FORENAMES:
ADDRESS:	
TELEPHONE:	Home:
	Work:
	E-mail:

We support 'Family Friendly' policies – should you wish to work this way, please indicate below your proposed working plan.

November 2004

The Data Protection Act 1998 defines your rights as an individual in relation to the information held about you and how it may be used. Therefore, we may record the personal information given on this form for application purposes only and will not pass it onto third parties.

MEDICAL HISTORY: *This information will assist us in fulfilling our obligations under the Disability Discrimination Act and Equal Opportunities Policy.*

Do you consider yourself to have a disability? YES/NO
Do you have a medical condition or ongoing medical treatment of which we should be aware? If so, please give full details.

How many days sick leave have you had in the past year?

REHABILITATION OF OFFENDERS ACT

Rehabilitation of Offenders Act – details of unspent convictions. Please state below any unspent convictions or cautions. (All applicants will be checked for previous convictions. This bureau is committed to the rehabilitation of offenders, therefore applicants generally will not be excluded from working at the bureau on this basis, however they may be provided with extra training, induction, and/or supervision, or excluded from particular roles according to the nature and severity of their conviction).

Date of unspent conviction	Offence	Sentence (inc. suspended sentences)

If you have no convictions or cautions enter 'NIL'

IMMIGRATION:

Asylum and Immigration Act 1996.

All prospective employees will be required to produce one of the following documents to verify their entitlement to work in this country -a P45 payslip from previous employer, a P60 or National Insurance card.

REFEREES:

Referees will be contacted prior to interview – please note, your present (or most recent) employer should be included, to whom an approach will be made prior to interview unless clearly stated not to.

Name:	Name:
Address:	Address:
Occupation:	Occupation:

I declare that to the best of my knowledge, the information supplied on both sections of this form is true.

Signature: _____ Date: _____

On completing this form please return it to: Nick Woollam – HR & Training Admin Assistant
Norwich & West Norfolk Citizens Advice Bureau
St Vedast House, 5-7 St Vedast Street, Norwich NR1 1BT