



APPLICATION FOR EMPLOYMENT

Personal Details

Surname:

Forename(s):

Title:

Address:

Postcode:

Telephone Number:

Home:

Mobile:

Email address

National Insurance No.

Do you have a clean driving licence Yes / No

If no please provide details

Are there any restrictions on you taking up employment in the UK? Yes / No
(If yes, please provide details)

EDUCATION HISTORY

Schools from age 11

Qualifications gained

Colleges/University

Qualifications gained

Vocational /Professional Training

Qualifications gained



EMPLOYMENT HISTORY (Please complete in full and use a separate sheet if necessary)

Name and Address of Employer and dates of employment	Job Title and description of duties	Salary and Reason for leaving

Please also provide dates and reason of any periods of unemployment. ie travelling



SKILLS KNOWLEDGE AND EXPERIENCE

Please describe the relevant skills, knowledge and experience you bring to this position. It is important to demonstrate clearly how you meet the requirements outlined in the person specification section of the information pack. You should ensure that you address each requirement and provide evidence of relevant knowledge, skills and experience. Please insert additional pages if required



REFERENCES

Please provide the name and addresses of your current or most recent employer covering the past 3 years, together with the dates of employment and positions held. We will not take up a reference with your current employer until all other references have been received.

CRIMINAL RECORD

Please note any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory basic disclosure from the Criminal Records Bureau/Scottish Criminal Records Office.



DECLARATION

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered
2. I agree that the organisation reserves the right to require me to undergo a medical examination in order to identify any reasonable adjustments that may be required.(Should we require further information and wish to contact your doctor with a view to obtaining a medical report, the law requires us to inform you of our intention and obtain your permission prior to contacting your doctor). I agree that this information will be retained in my personnel file during employment and for up to six years thereafter and understand that information will be processed in accordance with the Data Protection Act.
3. I agree that should I be successful in this application, I will, if required, apply to the Criminal Records Bureau/Scottish Criminal Records Office for a basic disclosure. I understand that should I fail to do so, or should the disclosure not be to the satisfaction of the company any offer of employment may be withdrawn or my employment terminated.
4. I hereby consent to the processing of sensitive personal data, as defined in the Data Protection Act 1998, involved in the consideration of this application.

If you have a disability, and there are any special arrangements which need to be made should you be short-listed for interview, please contact us with prior notification.

Name:

Signature:

Date:



Equal Opportunities Monitoring Form

Confidential Information

Cornwall Air Ambulance Trust is committed to equal opportunities in the provision of services and employment opportunities. Applications for employment are considered solely on merit and we welcome applications from all suitably qualified applicants. To help us monitor equality of opportunity in our recruitment and selection procedures please complete the details below.

Completion of this part of the application form is voluntary. The details provided will be kept separate from the rest of the application form and will not be used in the selection process. We will use the information to improve equality in our recruitment and selection processes.

Where did you hear about this job (please tick)?

Newspaper Friend Recruitment company
(please specify)

Company website Other (please specify)

GENDER WHAT IS YOUR GENDER (PLEASE TICK)?

Male

Female

Prefer not to say

(If you are undergoing gender reassignment, please use the gender identity you intend to acquire.)

GENDER IDENTITY

Do you identify as transgender/transsexual?

Yes

No

Prefer not to say



ETHNIC GROUP

How would you describe your nationality and/or ethnicity (please tick)?

A

White:

British - English, Scottish or Welsh

Irish

Other White background

B

Mixed race:

White and Black Caribbean

White and Black African

White and Asian

Other background Mixed

C

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Other background Asian

D

Black or Black British:

Caribbean

African

Other Black background

E

Chinese and other groups:

Chinese

Other ethnic group

Prefer not to say



AGE

What is your age (please tick)?

- 16–17 18–21 22–30 31–40 41–50
51–60 61–65 66–70 71+ Prefer not to say

SEXUAL ORIENTATION

How would you describe your sexual orientation (please tick)?

- Heterosexual / straight Bisexual Prefer not to say
Gay man Gay woman / lesbian

If you are lesbian, gay or bisexual, are you open about your sexual orientation?

- | | Yes | Partially | No |
|-------------------|--------------------------|--------------------------|--------------------------|
| At home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With colleagues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With your manager | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At work generally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



RELIGION OR BELIEF

Please describe your religion or other strongly-held belief.

I would describe my religion or belief as:

I have no particular religion or belief

Prefer not to say

DISABILITY

The Equality Act 2010 defines a disability as 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". An effect is long-term if it has lasted, or is likely to last, more than 12 months.

Do you consider that you have a disability under the Equality Act (please tick)?

Yes No

Used to have a disability but have now recovered Don't know

Prefer not to say