

Application Form Please complete this form in Black Ink or BLOCK CAPITALS

Post applied for

Charity Shop Manager – Romsey & Totton

Application Reference:

Personal Details (please complete this section in BLOCK CAPITALS)								
Surname				First Name				
Other names				Telephone/text phone/fax/mobile (Please indicate which)				
				Home				
Address				Work				
Address				Mobile				
				Email (Home)				
Post Code				Email (Work)			
NI Number				Do you have	Do you have a full driving license? Yes / No			
Do you need a the UK?	work permit to worl	k in	Yes / No	If YES give of e.g. car, HG	tails, include any endorsements			
Are you able to travel if the job			Yes / No					
Would you have work?	ve the use of a car for	or	Yes / No					
Education, qualifications and training								
					irement in the person s	pecification		
you will be required to produce original constant Schools Attended (Secondary Onwards)		es From	To		Qualifications attained (including			
					,			
Colleges / Universities Attended		Dates From		То	Subjects taken/Qualifications attained			
Other relevant qualifications, training or courses			Place of stu	dy	Dates			
					iah			
	Plea	ase a	ua a separ	ate sheet if yo	ou wisn			

Employment History						
CURRENT EMPLOYER (or	recent past employer)					
Employer's Name						
Type of Business		Main duties and responsibilities				
Address						
Post Code						
Position held						
Current Salary						
Date Appointed						
Reason for leaving						
Notice required						
Date left						
Pre booked Holiday dates						
Previous Posts (most rece	nt first)					
Employer		Main duties and responsibilities				
Address						
Position held						
Date started						
Date left						
Reason for leaving						
Employer		Main duties and responsibilities				
Address						
Position held						
Date started						
Date left						
Reason for leaving						

Employer	Date Ironi	Date to	Job title				
Leisure Please note your leisure interests, s responsibility held.	sports, hobbie	es and other	pastimes etc. includir	ng positions of			
Teopericismity field.							
Attendance, Reliability and Punct	tuality						
Please give details of your lateness and attendance records over the last 12 months.							
Additional information							
Do you have an unspent criminal co				Yes / No			
(If yes, please give brief details belo	ow)						
Place note: If the next for which	ou hovo co-l	ind in average	ot from the previolence	of the			
Please note: If the post for which you Rehabilitation of Offenders Act, you				or the			
Rehabilitation of Offenders Act, you will be required to complete a separate form.							

Personal Statement
Please explain why you are applying for this post and provide details of what previous experience / qualifications you possess. Refer to the job description and person specification and attach a separate sheet if necessary.

References Please provide two employment references, one of these should be from your current or most recent employer and both should be from people who are able to comment on your conduct and

recent employer and both should be from people who are able to comment on your conduct and behaviour at work and know you in a professional capacity (i.e. either as your manager, supervisor or client).

If you are unable to provide employment references (e.g. you are a school leaver) please provide two alternatives (e.g. academic or personal).

References may be taken up before interview, please indicate whether this is acceptable by ticking the relevant box below.

Current or most recent employer			Second reference				
Name			Name				
Position			Position				
Organisation			Organisation				
Address			Address				
Telephone			Telephone				
Email			Email				
May we contact this referee if you are shortlisted?			May we conta are shortlisted	nct this referee if you Yes / No ?			
Are you connected to a business that trades with Carers Together? (If YES, please state relationship and business name) Yes / No							
Are you related to, or a partner of, a Carers Together committee member or employee? (If YES, please state the name, relationship and is an employee, their job title)							
Declaration							
I confirm that the details given in this form are correct and understand that any false declaration may result in disciplinary action being taken, which could result in my dismissal from post.							
If I am appointed, I hereby explicitly consent to Carers Together holding my personal details within a manual or electronic filing system <i>in accordance with the GDPR 2018.</i>							

Please sign and return this completed form to: Carers Together 9 Love Lane, Romsey SO51 8DE

Signature

Email: infor@carerstogether.org.uk

Date

Equal Opportunities Monitoring Information

PLEASE NOTE: THIS WILL BE SEPARATED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING

	Confidential Please complete in black ink and return with your completed application form.								
	In accordance with Carers Together equal opportunities policy, the organisation will select new employees on job-related criteria only - that is, the ability to meet the criteria of the job as outlined in the person specification.								
	The questions below will help the organisation monitor the effectiveness of its equal opportunities policy and to address areas of under-representation. The information you supply on this form will be used for statistical purposes. It will be detached from the application form prior to shortlisting. Please complete all questions by ticking the appropriate response or entering the information requested.								
-									
	Full name								
	Post applied for								
		,							
	How did you hear about this vacancy?								
	Advertisement in	n newspaper (Pleas							
Job Centre									
Employment agency (Please specify)									
Friend / Relative / Colleague (Please specify)									
	Internal advert th	nrough the Organisa	ation						
Carers Together Website									
Facebook Advert									
	Other (Please sp	pecify)							
	T								
	Title (Mr, Mrs, Miss, e	etc)		Age		Date of Bir	rth		
	NA COLOC	0.1						O(1)	
	Marital Status	Single	Mai	rried	Partr	nership		Other	

Please indicate ho	ow you prefer to describe your etl	onic origin							
	ategories recommended by the (· ·	Racial Equality						
	Bangladeshi								
	Black African								
	Black Caribbean								
	Black other (Please specify)								
	Chinese								
	Indian								
	Irish								
	Pakistani								
	White								
	Other (Please specify)								
	details given in this form are corre		•		aration may				
• •	I hereby explicitly consent to Car nic filing system in accordance w	•	• • •	nal det	ails within a				
	ourposes, you are disabled under t that has a substantial and long								
For employment	purposes, are you disabled?				Yes / No				
If Yes, please sta	ate the nature of your disability								
your ability to carr	edical conditions that may have a y out the normal day-to-day activ ments. (see Job Description and	ities of the job, p	_						
Signature			Date						

Please sign and return this completed form to: Carers Together 9 Love Lane Romsey SO51 8DE Email: info@carerstogether.org.uk