

**APPLICATION FOR EMPLOYMENT**

**Private and Confidential**

**Post:** Sight Loss Advisor INTERN

**Closing Date: 24th April 2022**

**Surname:**

**First Names:**

**Address:**

**Telephone number(s):**

**E-mail:**

My Sight Nottinghamshire is committed to Equal Opportunities. Please indicate if you require additional assistance at interview due to disability or have any particular needs for which we may need to make provision, e.g. good lighting; clear speech for partial deafness; occasional medical attention, etc.

### EXPERIENCE/RELEVANTSKILLS

**Use the job description to help structure your statement. Please draw from your previous work, life or educational experiences to demonstrate how you fulfil the requirements for this post.**

**EMPLOYMENT DETAILS**

**Please list Current Employer First**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date  From | Date  To | Name and address  Of Employer | Position Held | Duties & Responsibilities | Salary | Reason for Leaving |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Education** – please detail your education and relevant qualifications attained.

**Training** – please list any relevant training you have undertook.

### PERSONAL CIRCUMSTANCES

How many days work have you missed in the last 12 months due to illness/injury?

Do you hold a current clean UK driving licence?

Do you have use of a vehicle?

Please state your earliest possible start date:

**REHABILITATION OF OFFENDERS ACT 1974 (EXCEPTIONS ORDER 1975)**

Because of the nature of the work for which you are applying we are obliged to ask you, in connection with your Application, to disclose any convictions you may have. Under the conditions of the above Order, you are not entitled to withhold information about convictions which otherwise could result in dismissal or disciplinary action. Please give below details of any convictions you may have. This information will be treated as strictly confidential but you should be aware that any offer of employment made may be subject to a satisfactory Police check.

Have you ever been convicted by a court of a criminal offence

If yes, please give details including dates and court where convicted.

Are you subject to any current or outstanding disciplinary

procedures or legal action? If yes, please give details

Police Checks

I hereby give written consent that My Sight Nottinghamshire may carry out a DBS check as appropriate.

Signed Date

Financial Services Act 1988

Have you ever been declared bankrupt or been subject of bankruptcy proceedings or made any arrangement with creditors?

If Yes, please give details. **REFERENCES**

Please give the name, address and telephone number of two referees and indicate in what capacity the referees know you. One should be your present or most recent employer

**Referee 1**

Name:

Position/Organisation:

Address:

Email:

Telephone number:

Capacity known:

**Referee 2**

Name:

Position/Organisation:

Address:

Email:

Telephone number/s:

Capacity known:

References may be taken up before interview. Have you any objections to this?

I declare that the information given in this form is true and complete. I understand that any wilful mis-statement or omission may render me liable to Disciplinary Action, including dismissal, if engaged.

Signature Date

Please return completed form marked ‘Private & Confidential’ to:

Emma Lucas, Services Manager, My Sight Nottinghamshire, 26-28 Heathcoat Street, Nottingham, NG1 3AA or email [emmal@mysightnotts.org.uk](mailto:emmal@mysightnotts.org.uk)

EQUAL OPPORTUNITIES MONITORING FORM

The information recorded on this form helps us monitor and improve our equal opportunities policies and procedures and is kept in accordance with our confidentiality policy. Thank you for completing this form.

|  |  |  |
| --- | --- | --- |
| Gender | | |
| Male | Female | Transgender |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Age | | | | | |
| 16-24 | 25-29 | 30-39 | 40-49 | 50-59 | 60+ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sexuality | | | | | |
| Heterosexual/Straight | Lesbian | Gay | Bisexual | Decline to answer |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Religion | | | | | | |
| Buddhist | Hindu | Christian | Jewish | Muslim | Sikh | None |

|  |  |
| --- | --- |
| Ethnicity | |
| A: White | B: Mixed |
| A1: British | B1: White & Black Caribbean |
| A2: Irish | B2: White and Black African |
| A3: Any other white background | B3: White & Asian |
|  | B4: Any other mixed background |
| C: Chinese | F: Any other ethnic group |
| D: Black or Black British | E: Asian or Asian British |
| D1: Caribbean | E1: Indian |
| D2:African | E2: Pakistani |
| D3: Any other black background | E3: Bangladeshi |
|  | E4: Any other Asian background |
| Do you consider yourself to have a disability? Yes No | |

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For office use: Applicant no.