



APPLICATION FORM

Information given will be treated in confidence and without prejudice.

PERSONAL DETAILS

| | | | |
|-----------------------------------|--------|----------------|--|
| Position applied for | | Location | |
| Surname | | Forename(s) | |
| Address | | | |
| | | Postcode | |
| Home ☎ | Work ☎ | E-mail address | |
| How did you hear of this vacancy? | | | |

REFERENCES: Please give two referees, at least one of whom must be your most recent employer.

| |
|------------------|
| Name |
| Position |
| Organisation |
| Address |
| Telephone number |

| |
|------------------|
| Name |
| Position |
| Organisation |
| Address |
| Telephone Number |

EDUCATION, QUALIFICATIONS AND TRAINING

List your Secondary schools, colleges, universities

| Date From | Date To | Schools, Colleges, Universities |
|-----------|---------|---------------------------------|
| | | |

| EDUCATION (Exams Passed) | DATES | GRADES |
|--------------------------|-------|--------|
| | | |

| FURTHER EDUCATION (Subjects) | DATES | QUALIFICATIONS |
|------------------------------|-------|----------------|
| | | |

| VOCATIONAL TRAINING | DATES | RESULTS |
|---------------------|-------|---------|
| | | |

Leisure Pursuits

Please give details of your leisure pursuits, hobbies and interests

EMPLOYMENT / VOLUNTEERING HISTORY

Please give details of your present job

| | |
|--|----------------|
| Current Job Title | Employer |
| Department | |
| Date Started | Salary / Grade |
| Briefly describe your present duties | |
| | |

| | |
|---------------------------|--|
| Period of Notice Required | |
|---------------------------|--|

| | |
|--------------------------|--|
| Current Salary and Grade | |
|--------------------------|--|

Previous Employment

Please give details of all previous full or part time employment and voluntary work.

| Dates | Employer / Voluntary Organisation | Job title and main areas of work/ Voluntary work | Reason(s) for leaving |
|-------|--------------------------------------|---|--------------------------|
| | | | |

WHAT DO YOU FEEL YOU WOULD BRING TO THIS POST?

Please address all requirements in the **attached person specification**, providing evidence that you possess the necessary **Experience, knowledge and qualities and skills and abilities**.
(You may continue on a separate sheet if necessary)

What **Experience** can you bring to the post? Please give examples against person specification criteria

What **Knowledge and Qualities** can you bring to the post? please give examples against person specification criteria

What **Skills and abilities** can you bring to the post please give examples against person specification criteria

Please continue on an additional sheet if required

ADDITIONAL INFORMATION

| | Yes | No |
|--|-----|----|
| Do you have a relevant current driving licence? | | |
| Do you own or have access to a car? | | |
| Are you willing to use your car for work related tasks | | |

| | Yes | No |
|--|-----|----|
| Do you have any particular requirements (e.g. visual impairment) in relation to the application, interview process or the post for which you are applying? | | |
| If so, how can we assist you in overcoming this? | | |

DECLARATION

I hereby affirm the information given herein is true and correct to the best of my knowledge and belief.

| | | | |
|---------------|--|-------------|--|
| Signed | | Date | |
|---------------|--|-------------|--|

Please return application form to: Gorseinon Development Trust,
Canolfan Gorseinon Centre, Millers Drive,
Gorseinon, Swansea, SA4 4QN
Tel. 01792 897657

Reference Number: CZ10
(For office use only)

Equal Opportunities Monitoring Form

The Gorseinon Development Trust aims to ensure that no job applicant or employee receives less favourable treatment on the grounds of gender, disability, sexuality, religious belief, employment status, marital status, age, race, colour, ethnic or social origin.

This information will be treated as confidential and will be separated on receipt and before consideration of candidates takes place. In order to ensure that these policies are carried out and for no other purpose, all applicants are asked to complete this form. Completion of this form is voluntary.

Application for the post of Date

| Which age group are you in? (Please Tick) | |
|---|--|
| 16-24 | |
| 25-34 | |
| 35-44 | |
| 45-54 | |
| 55-64 | |
| 65+ | |

| Gender (Please Tick) | |
|----------------------|--|
| Male | |
| Female | |

| Ethnic Origin (Please Tick) | |
|-----------------------------|----------------------|
| Black (including UK born) | |
| African | |
| African Caribbean | |
| White (including UK born) | |
| Asian | |
| European | |
| Other (Please Specify) | <input type="text"/> |

| Marital Status (Please Tick) | |
|------------------------------|----------------------|
| Single | |
| Married | |
| Other (Please Specify) | <input type="text"/> |

| Do you consider yourself to be disabled? (Please Tick) | |
|--|--|
| Yes | |
| No | |