Application Form



Job Title:		
Surname/Family Name:	Other Names:	
Address:		
Contact number:		
e-mail:		
Where did you see this job adv	ertised?	

HIGHER EDUCATION AND/OR PROFESSIONAL QUALIFICATIONS				
Degree/Qualific ation	University (or College)	Subject	Class / grade obtained	Date

MEMBERSHIP OF PROFESSIONAL ORGANISATIONS			
Awarding Body	Membership Type/Membership No.	Date	



EMPLOYMENT/WORK ACTIVITIES (most recent first)				
Employer	Job Title	Dates	Salary	Reason for leaving
What is your curr	ent notice period?			
,	р			
How many worki	ng days have you l	ost due t	o illness	in the past 24
Total No. of days	•	Total No.	of occas	ions:
record from being a dismissal for the re	Offenders Act 1974 e above Act provide pliscriminated against ason of a conviction to viction which has no	when appl hat has be	ying for jo en 'spent'.	bs and from



STATEMENT IN SUPPORT OF YOUR APPLICATION



REFEREES	
Name	Relationship to you
Address	
Address	
Tal Na	Fav Na
Tel No	Fax No
Email	
Can we contact this referee prior	to offering you an interview? Yes No
REFEREE	
Name	Relationship to you
Address	
Address	
Tel No	Fax No
Email	
Can we contact this referee prior	to offering you an interview? Yes No
Declaration	
I confirm that, to the best of my knowl this application form is correct.	edge, all the information provided in
Signad	Date



Please forward the completed form to:

Chris Challis Internal Recruiter ChandlerKBS Chandlers House Terra Nova Way Penarth Marina Cardiff, CF64 1SA

or email it to <areers@chandlerkbs.com

Equal Opportunities Monitoring



Please complete the form on the next page and return it with your application form.

You do not have to complete the form but if you do it will help us to monitor the demographic profile of applicants.

Any information supplied will be kept separate to your application form and will be used for equal opportunities monitoring purposes only.

Equal Opportunities Monitoring



ChandlerKBS is an equal opportunities practice and is committed to a policy of treating all job applicants fairly. Please provide the information detailed below to assist us in monitoring the effectiveness of our equal opportunities policy. The information provided will be used for monitoring purposes only and will be treated in the strictest confidence.

POSITION APPLIED FOR		
GENDER (please tick aga	inst one of the fol	lowing):
O Male O Trans/cross-gender	O Female O Do not wish to a	answer
MEDICAL INFORMATION	N	
Do you have any disabilit	ties? YES/NO	
Have you ever suffered fi YES/NO	rom any serious ill	ness or chronic disease?
Do you have, or have you your performance or the	•	-
MARITAL STATUS (pleas	se tick against one	of the following):
O Single O Married/ci O Widowed O Do not wis		O Divorced
AGE		
O 16-24 O 25-34	O 35-44 O 45-	54 O 55+
ETHNIC ORIGIN (please	tick against one of	f the following):
O White (Irish) O White (Scottish) O White (Welsh)	O Bangladeshi O Indian O Pakistani O Chinese O Other Asian	O Black African O Black Caribbean O Black (Other) O Mixed Race O Other