

**APPLICATION FORM**

[**www.mertonvision.org.uk**](http://www.mertonvision.org.uk/)

Please read all instructions carefully before completing this form. Please write clearly using black ink, as this form will be photocopied. Please complete in full, do not send a C.V.

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE

The completed application form should be returned by 28th February

To: Wendy Walsh, The Guardian Centre, 67 Clarendon Road, London, SW19 2DX

Telephone: 020 8540 5446 EMAIL: wendy.walsh@mertonvision.org.uk

SECTION 1 PERSONAL DETAILS

TITLE:………………………………………

SURNAME: ………………………………..

FORENAME:………………………………

ADDRESS;………………………………..

…………………………………………….

…………………………………………….

POSTCODE……………………………..

Daytime telephone………………………..

Evening telephone………………………..

Mobile …………………………………….

E-mail address:……………………………..

NATIONAL Insurance number: ……………………………………………………..

**SECTION 2 EMPLOYMENT HISTORY**

Present employer or most recent (if un-employed)

NAME OF EMPLOYER: ………………………………

JOB TITLE: ……………………………………………..

ADDRESS: ………………………………………………

DATES: From. ………… To………………….

Current Salary, if employed. …………………………..

Number of sick days in the last 12 months. …………….

Previous Employment: (Start with the most recent and please give details of all unemployed periods e.g. unemployed, raising a family).

Name of Employer: Job Title Reason for Leaving From : To:

& Main Duties

**SECTION 3 EDUCATION AND QUALIFICATIONS:**

**Education (Full and Part Time).**

**1.Dates**

**From: ………… To…………**

**School ……………………………………………………………………**

**Qualifications Obtained …………………………………………….**

**2. Dates**

**From: ………… To………………………………..**

**College ……..………………………………………………………………**

**Qualifications Obtained:…………………………………………………**

**3. Dates**

**From: …………………….. To…………………..**

**University………………………..……………………………………………….**

**Qualifications Obtained……..………………………………………………..**

**4. Dates**

**From: …………………….. To…………………..**

**University………………………..……………………………………………….**

**Qualifications Obtained……..………………………………………………..**

**Professional Qualifications**

**Dates**

**From**: ……………… **To ……………**

**Qualifications Obtained:**

**…………………………………………………………………….**

**…………………………………………………………………….**

**Course Details:**

**…………………………………………………………………….**

**……………………………………………………………………..**

**SECTION 4 JOB RELEVANT INFORMATION**

Please make full use of this section attaching additional sheets if necessary to provide further information in support of your application. We need as much information about how your skills, knowledge, experience and relevant training meet the requirements of the job as outlined in the job description. To be considered you must address all essential criteria on the person specification. Please also include details of outside interests and activities.

###### SECTION 5 REHABILITATION OF OFFENDERS ACT

Normally, ex-offenders are able to state that, following a period of time which is offence free, they have no criminal record. The rehabilitation of offenders Act (Exceptions) Order 1976 does, however, make certain exceptions, which apply to the work you will be doing for the Association. As the post involves working unsupervised with children and ‘access to the elderly and physically disabled’, it is our policy, in accordance with the Act to ask you to reveal all offences, including those that in other circumstances would be considered ‘spent’. You will also be required to have an enhanced CRB check.

Have you ever been convicted of any criminal offence? **Yes/No**

If yes, please give the details of the conviction(s) and date(s)

………………………………………………………………………………………………..

………………………………………………………………………………………………..

………………………………………………………………………………………………..

###### SECTION 6 REFERENCES

We will always take up the employment references from your current or most recent employer. Please provide the name of the person authorised to give the reference. Please also give the name and address of another person willing to act as a referee. This could be another employer or someone best able to write a reference in support of your application. You should not provide the names of friends or relatives.

1.

Name:

Position:

Address:

Tel. No.

2.

Name:

Position:

Address:

Tel.No.

**SECTION 7 DECLARATION**

Under the Data Protection Act 1998, Merton Voluntary Association for the Blind reserves the right to collect, store and process personal data about applicants insofar as it is relevant to his/her application. This also applies during employment and for six years thereafter. This includes processing of sensitive data for the purpose of monitoring our Equal Opportunities Policy.

I hereby give my consent to such collection, storage and processing of my personal data.

I confirm that to the best of my knowledge the information given in this application form is true and correct. I understand that giving false or misleading statements or withholding information may result in disciplinary actions including dismissal or withdrawal of any offer of employment.

**SIGNED …………………………………………… DATE …………………**

**SECTION 8 MONITORING INFORMATION**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position applied for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_ \_ /\_ \_/\_ \_

Gender: Male Female

**Employment status:** Are you currently employed? Yes No

If no, have you been unemployed for less than six months? Yes No

Six months but less than one year? Yes No

More than one year? Yes No

**Where did you see or hear of this vacancy?**

…………………………………………………………………

**DISABILITY**

Do you consider yourself to have a disability? Yes No

If yes and you are invited for an interview please give brief details of any specific arrangements you consider may be needed for the interview.

**ETHNIC ORIGIN** (Please tick box)

White Indian Black British

White Irish Pakistani Black Caribbean

White Other Bangladeshi Black African

Mixed Race Tamil Black Other

British Asian Asian Other Chinese