

Candidate No.



If you need help completing the application form or have any questions about the application form, please contact Human Resources on 01726 874450 who will be happy to help. Part 1 of this form will be removed and will not form part of the shortlisting process

Part 1

Post Details

Application for the post of: _____
How did you learn of this post? _____

Are you a current member of Staff? Yes No

Personal Details

Last Name: _____ First names: _____

Permanent Address: _____

Postcode: _____

Temporary address if applicable: _____

Postcode: _____

Telephone number: Day _____ Evening: _____

National insurance number: _____ Email address: _____

Do you require a work permit: Yes No If yes, do you hold one Yes No

Asylum & Immigration Act 1996:
Under this Act we are obliged to ensure all employees are legally entitled to work in the UK. At interview, written evidence will be required.

References

Please give details below of two professional referees, one of whom should be your current or most recent employer.

Name: _____

Name: _____

Address: _____

Address: _____

Position of referee: _____

Position of referee: _____

Telephone number: _____

Telephone number: _____

E-mail address: _____

Email Address: _____

We will not approach your referees until an offer of employment has been made. Please indicate if your nominated referees have any access requirements.

Have you ever been convicted of a criminal offence? Yes No

You may ignore spent convictions under the Rehabilitation of Offenders Act 1974 and Motoring Offences
If yes, please specify on a separate sheet.

Are there currently any charges outstanding against you? Yes No

If yes, please specify on a separate sheet.

Health Details

Ocean Housing Group is an Equal Opportunities Employer and as such is committed to understanding the specific needs of all of our employees and making reasonable adjustments where possible.

Do you have any long-term illness, health problem or disability which limits your daily activities or work you can do?

Yes No

If 'Yes', please give details:

Would you require any specific requirements, if invited for interview?

Yes No

If 'Yes', please give details:

Have you had an illness or accident in the last two years resulting in absence from work?

Yes No

If 'Yes', please give details:

Equal Opportunities Monitoring Form



Ocean Housing Group has a policy to monitor all job applications and attendance at events to ensure we reach the diverse communities that we aim to serve.

As part of this we ask that applicants/delegates complete the form below. This will be treated anonymously and in the case of job applicants will be detached from your application and does not form part of the application process.

Age
 (Please tick) 16-29 30-39 40-49 50-59 60-65 Over 65

Disability
 Are you a disabled person? (Please tick) Yes No
 Please declare your impairment if you wish:

Gender
 (Please tick) Female Male
 Do you identify yourself as Transgender? Yes No

Ethnicity
 How would you describe your ethnic origin (Please tick)

| | |
|--|--------------------------|
| Asian or Asian British-Bangladeshi | <input type="checkbox"/> |
| Asian or Asian British-Indian | <input type="checkbox"/> |
| Asian or Asian British –Pakistani | <input type="checkbox"/> |
| Any other Asian background, please state | <input type="checkbox"/> |
| Black or Black British-African | <input type="checkbox"/> |
| Black or Black British-Caribbean | <input type="checkbox"/> |
| Any other Black background, please state | <input type="checkbox"/> |
| Chinese | <input type="checkbox"/> |
| Gypsy or traveller (please specify | <input type="checkbox"/> |

| | |
|--|--------------------------|
| Mixed White & Asian | <input type="checkbox"/> |
| Mixed White & Black African | <input type="checkbox"/> |
| Mixed White & Black Caribbean | <input type="checkbox"/> |
| Any other Mixed background, please state | <input type="checkbox"/> |
| White British | <input type="checkbox"/> |
| White Irish | <input type="checkbox"/> |
| Any other white background, please state | <input type="checkbox"/> |
| Any other background, please state | <input type="checkbox"/> |

Religion or Belief
 How would you describe your religion or belief? (Please tick)
 Buddhist Christian Hindu Jewish Muslim Sikh No religion
 Other _____

Sexual Orientation
 (Please tick) Lesbian Gay Bi-sexual Heterosexual