



RECRUITMENT APPLICATION FORM

POSITION APPLIED FOR

PERSONAL DETAILS

NAME		SURNAME	
DAYTIME NO		MOBILE NO	
ADDRESS			
	POSTCODE		
EMAIL			
NATIONAL INSURANCE NO		DATE OF BIRTH	

EMPLOYMENT HISTORY

START DATE	EMPLOYER NAME & ADDRESS	JOB TITLE & SALARY	REASON FOR LEAVING

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CURRENT MEMBERSHIP OF ANY PROFESSIONAL BODIES

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WORK EXPERIENCE (UNDERTAKEN IN THE PAST TWO YEARS)

DATES	EMPLOYER NAME & ADDRESS	JOB TITLE & RESPONSIBILITIES	LENGTH OF PLACEMENT

EDUCATION, TRAINING & DEVELOPMENT

COLLEGE, UNIVERSITY OR SCHOOL ATTENDED	QUALIFICATIONS OR COURSE DETAILS	DATES ATTENDED

PERSONAL STATEMENT

Please provide details of your experience, including any unpaid work, and outside interests that are relevant to the job. Please attach additional sheets securely and ensure they are marked clearly with your name and details of the post you have applied for.

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REFERENCES

REFERENCE 1

NAME		TEL NO	
ADDRESS			
EMAIL		RELATIONSHIP TO APPLICANT	
CAN THIS REFEREE BE APPROACHED PRIOR TO INTERVIEW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

REFERENCE 2

NAME		TEL NO	
ADDRESS			
EMAIL		RELATIONSHIP TO APPLICANT	
CAN THIS REFEREE BE APPROACHED PRIOR TO INTERVIEW?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

CRIMINAL CONVICTIONS

The Rehabilitation of Offenders Act 1974 requires applicants to give details of any convictions that are not spent. Failure to disclose such convictions could result in disciplinary action or dismissal.

DO YOU HAVE ANY PREVIOUS CONVICTIONS?

YES NO

If yes, please detail offence(s) including date(s) and sentence(s).

If you have previously applied for a Criminal Records Bureau Disclosure please state the date of issue of your Disclosure Certificate.

DISABILITY DISCRIMINATION ACT

This Act protects people with disabilities from unlawful discrimination. We actively encourage applications from people with disabilities. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

DO YOU HAVE A DISABILITY WHICH IS RELEVANT TO YOUR APPLICATION?

YES NO

If yes, please give details:

DO WE NEED TO MAKE ANY SPECIFIC ARRANGEMENTS IN ORDER FOR YOU TO ATTEND INTERVIEW?

YES NO

If yes, please give details:

DECLARATION

I certify that:

- All the information given by me on this form is correct to the best of my knowledge.
- All questions relating to me have been accurately and fully answered.
- I possess all the qualifications which I claim to hold.
- I have read and, if appointed, I am prepared to accept the conditions set out in the conditions of employment and the job description.

Signed

Date/...../.....

If you are returning this form by e-mail, you will be asked to sign your application at interview.

RETURNING THIS FORM

By Hand or Post:
Communications Team
Fosters Solicitors
William House
19 Bank Plain
Norwich
Norfolk
NR2 4FS

By E-mail: hbrown@fosters-solicitors.co.uk

Enquiries:
Telephone: 01603 620508
Fax: 01603 624090



RECRUITMENT MONITORING FORM

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Communications Team purely for monitoring purposes.

APPLICATION FOR THE POST OF

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please complete this section of the application form.

WHAT IS YOUR ETHNIC GROUP?

White UK	<input type="checkbox"/>	Black UK	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Irish	<input type="checkbox"/>	Black Caribbean	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
White Non UK	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Chinese	<input type="checkbox"/>				
Vietnamese	<input type="checkbox"/>	I do not wish to provide this information	<input type="checkbox"/>		
Japanese	<input type="checkbox"/>				

GENDER

Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Non-binary/ Third Gender	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>	Prefer to self-describe	<input type="text"/>		

DISABILITY

Disability is defined as “physical or mental impairment, which has a substantial and long term adverse effect on a person’s ability to carry out normal day to day activities”.

Do you consider yourself disabled? YES NO

If yes, please give details:

PRESENT STATUS

Internal Applicant External Applicant

AGE GROUP

16 - 25	<input type="checkbox"/>
26 - 35	<input type="checkbox"/>
36 - 45	<input type="checkbox"/>
46 - 55	<input type="checkbox"/>
56 - 65	<input type="checkbox"/>
66 - 70	<input type="checkbox"/>
Over 70	<input type="checkbox"/>

MEDIA

Please state where you saw this post advertised.