

APPLICATION FORM: Catholic Communication Network Media Officer

QR04032

Send Application Form to: Michaela Kelly, HR Manager 39 Eccleston Square, London, SW1V 1BX Tel: 0207 630 8220 Fax: 0207 901 4819 Email: recruit@cbcew.org.uk Deadline for applications: Thursday 28th January 2010

1. PERSONAL INFORMATION	
Surname / Family Name	
Forenames	
Home Address	
Home Tel May we contact you there?	YES/NO
Mobile No Email	
Do you require a Work Permit?	
DATA PROTECTION ACT 1998 Information provided for this application form will be used by us to assess your suitability for employment wit and other related HR purposes only. You are requested to provide sensitive information such as disability or purpose of equal opportunities monitoring. We will not provide this information to any third party unless requested to provide this information to any third party unless requested to provide this information to any third party unless requested to provide this information to any information we have any inaccurate data corrected.	r ethnic origin for the iired to do so by law or
2. EMPLOYMENT	
DETAILS OF PRESENT OR MOST RECENT EMPLOYER (PAID OR UNPAID)	
Name and Address of present Employer /Most Recent Employer	
Position held From: To	·
Please summarise the main duties and responsibilities in your current or most recent paid or unpa	aid job:
Reason for leaving / wishing to leave	
Current Salary	



EMPLOYMENT PRIOR TO THE ABOVE (paid or unpaid with the most recent first) Full details should be given of any period not accounted for by full-time employment, education or training. This would include for example, unemployment, voluntary work, part-time work or education.

Name & Address of Employer	From	То	Position Held	Reason for leaving

3. EDUCATION, TRAINING & QUALIFICATIONS

EDUCATION AND QUALIFICATIONS		Please continue on additional sheets if necessary		
From	То	Name of School, College, University	Full or Part-time	Examinations passed Qualifications gained

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4. INFORMATION IN SUPPORT OF YOUR APPLICATION	ON	
Please give details of any experience / training / skills that are relevant together with any other information in support of your application. Ensure that you relate your application to the points contained in the job description and person specification. <i>Use additional A4 sheets if necessary.</i>		
5. OTHER INFORMATION		
Are you in good health?	Yes / No	
Have you had any major illness or operations in the last 2 years? If yes, please give details:	Yes / No	
We are committed to making every reasonable adjustment to the as to accommodate people with disabilities. Please describe an aware:		
What is the earliest date you could commence employment with us?		



6. CONVICTIONS FOR CRIMINAL OFFENCES				
Do you have any endorsements / convictions not "spent" under Rehabilitation of Offenders Act 1974 and/or relevant (Northern Ireland) Order 1978 YES / NO ?				
Please list below details of a	any unspent convictions, bind-	over orders or cautions which	you may have received	
(N.B. failure to disclose any	conviction not "spent" could re	esult in disciplinary action or c	dismissal if employed)	
7. REFEREES				
	addresses of two persons, no current or most recent emplo	ot related to you, from whom i yer.	references may be	
Name	Address & Telephone No.	Relationship to applicant	How long has referee known you?	
Name				
Please confirm that we may contact your referees at this stage YES / NO				
8. DECLARATION I understand that the information on this application form will be treated as confidential and I declare the above statements are true, to the best of my knowledge. I understand any deliberate mis-statement may render me liable to dismissal, it engaged.				
Signature Date				

Please confirm where you first saw this post advertised or how you came to hear about it:.....

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Equal Opportunities Monitoring Information Form (Position applied for: Catholic Communication Network Media Officer)

The information you supply will be kept strictly confidential. It will not be seen or used during the selection process and will be used for statistical monitoring purposes only.

Last Name F	rirst Name (s)
Date of Birth	Gender: Male/Female
Where did you see this post advertised?	
Disability:	
Do you consider yourself to have a disability? YES/N	0
If YES, is there any assistance you would like the org	anisation to provide for you to do this job
Ethnic Monitoring:	
What is your nationality?	
What is your ethnic group?	
Choose one section from (a) to (e) then tick the appro	opriate choice to indicate your cultural background
a) White	b) Mixed
British	White & Black Caribbean
Irish	White & Black African
Any other White background (please write below)	White & Asian
Any other write background (please write below)	Any other Mixed background (please write below)
	7 my outer winded background (piedee write below)
	N. D. J. D. J. D. W. J.
c) Asian or Asian British	d) Black or Black British
Indian	Caribbean
Pakistani Paralada aki	African
Bangladeshi	Any other Black background (please write below)
Any other Asian background (please write below)	
e) Chinese or other Ethnic Group	
Chinese	
Any other (please write below)	