



CATHOLIC TRUST FOR ENGLAND AND WALES

APPLICATION FORM:
Catholic Communication Network Web Assistant

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 Mr/Mrs/Miss/Ms
Forenames
Home Address
Home Tel Work Tel May we contact you there? YES/NO
Mobile No Email
Do you require a Work Permit?
(Please note that work permits are not transferable between employers)

DATA PROTECTION ACT 1998

Information provided for this application form will be used by us to assess your suitability for employment with us and for recruitment and other related HR purposes only. You are requested to provide sensitive information such as disability or ethnic origin for the purpose of equal opportunities monitoring. We will not provide this information to any third party unless required to do so by law or other regulatory purposes or with your consent. You have a right to request a copy of any information we hold on you and to have any inaccurate data corrected.

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 unpaid job:
Reason for leaving / wishing to leave
Current Salary



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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	To	Position Held	Reason for leaving

3. EDUCATION, TRAINING & QUALIFICATIONS

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



4. INFORMATION IN SUPPORT OF YOUR APPLICATION

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. **Use additional A4 sheets if necessary.**

5. OTHER INFORMATION

Are you in good health? Yes / No

Have you had any major illness or operations in the last 2 years? Yes / No
If yes, please give details:

We are committed to making every reasonable adjustment to the workplace or working arrangements so as to accommodate people with disabilities. Please describe any disability you have of which we should be 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 any unspent convictions, bind-over orders or cautions which you may have received

(N.B. failure to disclose any conviction not "spent" could result in disciplinary action or dismissal if employed)

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7. REFEREES

Please state the names and addresses of two persons, not related to you, from whom references may be obtained. One must be your current or most recent employer.

Table with 4 columns: Name, Address & Telephone No., Relationship to applicant, How long has referee known you? (Two empty rows for input)

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 First 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/NO

If YES, is there any assistance you would like the organisation 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 appropriate choice to indicate your cultural background

Table with 2 columns and 3 rows for ethnic background selection. Row 1: a) White (British, Irish, Any other White background) vs b) Mixed (White & Black Caribbean, White & Black African, White & Asian, Any other Mixed background). Row 2: c) Asian or Asian British (Indian, Pakistani, Bangladeshi, Any other Asian background) vs d) Black or Black British (Caribbean, African, Any other Black background). Row 3: e) Chinese or other Ethnic Group (Chinese, Any other).