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| SERC logo20 For office use only **Somerset Environmental Records Centre**34 Wellington Road, Taunton, Somerset TA1 5AWTel: 01823 652400Position applied for: **CONFIDENTIAL** **Please complete in** **type or black ink**APPLICATION FOR EMPLOYMENT |
| First name: Surname: Permanent address: Postcode: Telephone number: Email: Address and telephone number for contact *(if different from above)*:

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| Are you eligible to live and work in the UK? Yes🞏 No🞏  |

Do you have a full UK driving licence? Yes🞏 No🞏 If you have points, how many? ……..  |
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| **Education and Qualifications**

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| **General:** please list subjects for CSE/GCSE/GCE ‘O’ and ‘A’ levels etc, with dates and grades where known: |
| **Name & Address of Establishment** | **Subjects** | **Level** | **Date** | **Grade** |
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| **Further Education:** university degrees, professional qualifications, technical certificates, diplomas, etcPlease give dates and grades: |
| Name and address of establishment | **Qualifications** | **Dates** |
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| Training courses attended that you feel are particularly relevant to this post |
| Please list with their duration and dates: |
| Present employment |
| Employer:Post:Date Started:Main responsibilitiesReason for leaving: Full time *or* part time: Period of notice required: Current Salary: |
| **Previous employment *in chronological order – most recent first (continue on separate sheet if necessary)*** |
| Employer *(name and address)* | **Post** | **Full time *or*****part time** | **From – To** | **Reason for leaving** |
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| **Voluntary work** *(if applicable)* |
| Organisation; Time-period; Frequency *(eg: one day per week)*; Type of Work: |

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| **How I meet the Person Specification: Please say how you meet the criteria required for the role, with specific reference to the job description*.*** *(Continue on a separate sheet if necessary)* |
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| Hobbies and interests |
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| Membership of professional bodies and other organisations  |
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| **Referees:** *(one of these should be your current employer )* |
|  **1** NameAddress  Position:  Tel No:  Relationship to applicant: |  **2** NameAddress  Position:  Tel No:  Relationship to applicant: |
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| **May we approach your current employer?** YES NOComments:  |

**Where did you hear about this post?**

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| Signed ………………………………………………………… Date ……………………………………  |



**Equal Opportunities Monitoring**

**(to be completed by all SWT applicants)**

Somerset Wildlife Trust’s aims to be an Equal Opportunities employer. In order to monitor the effectiveness of our Equal Opportunities policy and procedures, , all applicants are asked to complete this questionnaire and return this form with your application.. This form will be kept separate from your application form and all information will kept strictly confidential and will be used only for the purpose of equal opportunities monitoring. Your cooperation is appreciated.

Please make sure that you read all the categories before you tick the boxes which apply to you.

Surname (or family name) : ………………………………………………………..

Forename(s) (in full) : ……………………………………………………………….

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| Post Applied for:  |  |
| Gender: (please tick) |

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| --- | --- |
| Male |  |
| Female |  |

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| Age Range: (please tick) |

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| --- | --- |
| 20-30 |  |
| 31-40  |  |
| 41-50  |  |
| 51-60 |  |
| 61-70  |  |

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| **White** (Please tick) |  |
| British  |  |
| English  |  |
| Welsh  |  |
| Scottish  |  |
| Irish  |  |
| Any other white background (Please give details): |  |
| **Asian or Asian British** (Please tick) |  |
| Indian  |  |
| Pakistani |  |
| Bangladeshi  |  |
| Any other Asian background (Please give details):  |  |
| **Black or Black British** (Please tick) |  |
| Caribbean  |  |
| African  |  |
| Any other Black background (Please give details)  |  |
| **Mixed** (Please tick) |  |
| White and black Caribbean  |  |
| White and black African  |  |
| White and Asian  |  |
| Any other mixed back ground (Please give details) |  |
| Any other ethnic background (Please give details) |  |

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|  **Disability** The Equality Act definition of disability is a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities. **I have a disability** Yes□No □**Please disclose the nature of your disability:** **Please detail below what adjustments we need to make for you, if you are short listed to attend an interview:** **Data Protection** We will process and store all data in compliance with the Data Protection Act 1998 and our Data Protection Policy. Please tick the box below to give your consent that the information you have given on this form may be processed and stored in this way. **I consent to the information I have given being stored and processed as described above.** Name: Date: |
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**Please return the completed questionnaire with your application form. Thank you.**