**Imagine If Trust**

**Application for Employment**

**Personal Details**

Title: Surname: Forename(s):

Address:

City: Postcode:

Telephone Number: Email Address:

National Insurance Number\*:

*\*If you do not have a National Insurance number, we will ask you to produce other evidence of your eligibility to work in the UK.*

**References *(one of whom must be your most recent employer)***

1. Name of referee: Position Held:

 Referee’s position: Date appointed:

 Company name: Salary:

 Address: Notice required:

 Date left:

 Telephone: Reason for leaving:

2. Name of referee: Position Held:

 Referee’s position: Date appointed:

 Company name: Salary:

 Address: Notice required:

 Date left:

 Telephone: Reason for leaving:

**Suitability to the Role**

Using the Job Description please tell us why you think you are suitable for the position? Please comment on any appropriate experience and qualifications.

**Ethnic Monitoring**

**TO BE USED FOR MONITORING PURPOSES ONLY**

Which group do you most identify with? Please tick only **ONE** box in **Part A** and **ONE** box in **Part B**.

*(The options are listed alphabetically.)*

**PART A:**

 British or Mixed British

 English

 Irish

 Scottish

 Welsh

 Other (specify if you wish)

**PART B:**

 **Are you Asian?**

Bangladeshi

 Indian

 Pakistani

 Other Asian background (specify if you wish)

 **Are you Black?**

African

 Caribbean

 Other Black background (specify if you wish)

 **Are you Chinese?**

Yes

Other Chinese background (specify if you wish)

 **Are you Mixed Ethnic Background?**

Asian and White

 Black African and White

 Black Caribbean and White

 Other Mixed Ethnic background (specify is you wish)

 **Are you White?**

Yes

 Other White background (specify if you wish)

 **Any other Ethnic background**

Other Ethnic background (specify if you wish)

**Disability Monitoring**

**TO BE USED FOR MONITORING PURPOSES ONLY**

Imagine If Trust is seeking to offer equal opportunities in recruitment and career development to disabled people. In order to monitor all progress on this, we ask all applicants to indicate whether or not they have a disability.

Section 1 of the Disability Discrimination Act defines a person as having a disability if he or she “has a physical or mental impairment, which has a substantial and long term adverse effect on his/her ability to carry out normal day to day activities”.

Do you have such a disability?

Yes No

If yes, please describe the nature of your disability:

**Declaration**

I hereby declare that all information given in this application form is correct and accurate.

Signed: Dated:

The information you give will be held in confidence.

It will not be given to selection panels, or form part of the selection process.

Thank you for providing this information. Please return with your application form.