

## Staff Application Form

SURNAME:	FIRST NAME
ADDRESS:	
TEL.NO (Day)	TEL NO (Evening)
EMAIL:	

**EDUCATION**

Dates	Establishment	Qualifications

**EMPLOYMENT** in last 10 years (continue on a separate piece of paper if necessary)

Name & Address of Employer	Position	Date started	Date left	Reason for leaving

**EXPERIENCE, PERSONAL SKILLS AND RELEVANT INFORMATION**

(Please continue on a separate sheet if necessary)

**GENERAL INFORMATION**

Do you have the use of a car for work?

Do you have the use of a computer?

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**Have you ever been convicted of a criminal offence?      Yes/No**

If “Yes”, please give full details of the conviction(s) and the dates. (Under the Rehabilitation of Offenders Act there is exemption from the provisions relating to the non-disclosure of criminal convictions for persons working with the elderly. It is necessary for you to disclose any criminal convictions, even if under the Rehabilitation of Offences Act, they would be otherwise regarded as “spent”. Any information disclosed will be taken into consideration but will not automatically prevent your application from proceeding. However, failure to disclose any criminal conviction could lead to termination of service.

Please use a separate sheet of paper to give details.

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**REFERENCES**

Please give details of **two** referees, one of whom should be your present or last employer.

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Name:	Position:
Address:	Post Code:
	Tel.No
	Email:

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Name:	Position:
Address:	Post Code:
	Tel. No
	Email:

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Are there any problems with us contacting your referees before interview ? Yes/No

**General Data Protection Regulations 2018**

To comply with the General Data Protection Regulations 2018 we seek your consent to process your personal data.

Data from this form is used solely by Age Concern Petersfield & District. This information is strictly confidential, stored securely, and we do not pass on any of your personal data to outside organisations and/or individuals without your express consent.

The information on this form is used for recruitment purposes and by signing this form you consent to that. If your application is successful your basic contact information is then taken from this form and stored on our central database and shared with appropriate Age Concern Petersfield & District personnel.

Please sign below to indicate your consent for us to process your personal data in the above manner:

**Signature:** .....

**Date:**.....

**Declaration**

I certify that all of the information given on this form is correct. I agree to treat any information given to me in regard to my work for Age Concern Petersfield and District as confidential.

**Signature:** .....

**Date:**.....

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Please return this form to:

Sheridan Rocher, Manager  
Age Concern Petersfield & District  
Winton House Centre  
18 High Street  
Petersfield  
GU32 3JL  
Tel: 07852 172998