## Railway Housing Association



**Application for EMPLOYMENT** 

## Office use only

Application Ref. No.

## **Private and Confidential**

For the purposes of Data Protection please note that the personal information supplied by you on this form will only be used for recruitment purposes and will not be disclosed to any third party.

The information given will form part of the confidential personal record of the successful candidate.

All application forms will be retained for a period of eight months.

Please do not submit CV's as they will not be considered.

In the interest of economy, applications will not be acknowledged unless a stamped addressed envelope is enclosed with your application. If you have not been contacted within four weeks of the closing date please assume that your application has been unsuccessful.

Part and Part Co.	
Post applied for:	
Present or most recent employment	
Name and address of employer	
Job title	
Date started	Date left (if applicable)
Salary	
Brief details of duties	
Reason for leaving	
Reason for leaving	
Notice period required	
References	
Please give details of two people we may approach for reference	s. one of whom must be your current or most recent employer.
0 0	-,
Name	Name
Address	Address
Protects	Post of the
Postcode	Postcode
Email	Email
Contact no.	Contact no.
Relationship	Relationship
·	·
May we contact prior to interview? YES/NO	May we contact prior to interview? YES/NO

Employment History				
Please give details of your previous	employment, most reco	ent first.		
Employer	Job Title	Salary	Dates employed	Reason for leaving
Professional Bodies				
If you are a member of any profession	nal bodies, please give	details below		
,	2.1. 22, 1.3000 8,10			

Secondary/Further/Higher Education			
Schools/college/universities attended	Qualification type/level (GCSE, A Level, de	egree)	Grade
Short Courses			
Please give details of any current, relevant short co Subject	Qualification	Date Att	tended

Further Information
Please use this section to submit any additional information relevant to your application, making specific references to the criteria detailed on the enclosed person specification - please continue on a separate sheet if necessary.

Crir	ninal Records
	Do you have any criminal convictions except those 'spent' under the Rehabilitation of Offenders Act 1974? YES/NO (if yes, please give details)
Dec	claration (please read the following statements carefully before signing this application form)
1	I declare that the information on this application is correct and complete to the best of my knowledge and I understand that providing false information may lead to withdrawal of an offer of appointment or dismissal without notice if I have already been appointed.
	I agree that the Association reserves the right to request a medical report (with my permission) and that any offer of employment may be subject to such a report.
	I understand that the canvassing of employees or Board Members of the Association will result in disqualification of this application.
	Are there any restrictions on you taking up employment in the United Kingdom? YES/NO (If yes, please provide details)
Sigr	ned: Date:
Ple	ase return the completed application form to:
	Railway Housing Association, Bank Top House, Garbutt Square,

Neasham Road, Darlington DL1 4DR Telephone: 01325 482125

Fax: 01325 384641

Office use only
Application Ref. No.
Equal Opportunities Monitoring Form
Railway Housing Association is an equal opportunity employer and welcomes applications from all sections of the community. Individuals are always appointed based on their relevant skills and experience. In order to ensure our policies and procedures are fair and effective we require the following information which will be used for monitoring purposes only:-
Ethnic and National Origin
White: British Irish Other
Mixed: White & Black Caribbean White & Black Asian White & Asian Other
Asian or Asian British: Indian Pakistani Bangladeshi Other
Black or Black British: Caribbean African Other
Chinese or other ethnic group: Chinese Other
Disability
Do you consider yourself to have a disability as defined under the Equality Act 2010 as detailed below: 'a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities' n.b. Under the Equality Act 2010 impairment now covers long term medical conditions such as asthma and diabetes, rheumatoid arthritis and motor neurone disease; mental health conditions such as bipolar disorder or depression, learning difficulties and disabilities.'  YES / NO (if yes please give brief details)
Do you have any specific requirements relating to your disability to enable you to attend an interview - access to premises, travelling arrangements, timing of the interview, type of interview, induction loop etc?  YES / NO (if yes please give details)
Advertising
Please can you let us know where you saw the vacancy advertised?
Personal Details
Surname Forename(s)
Date of Birth Gender: Male/Female/Transgender
Home Address
Post Code
Email Address
Home telephone Mobile telephone number
Work telephone May we contact you at work? YES/NO
Do you have a current driving licence? YES/NO
If you are closely connected to any member of the Board or staff of the Association please state his/her name below, detailing the relationship. Closely connected is defined as spouse, partner, relative or close friend.
Signed: Date:

This information will not be circulated to the selection panel, but will form part of the personal confidential record of the successful applicant.

Information can be made available in other languages, or other formats such as Braille or Audio Tape, on request. Please ask a member of our staff for more information, or if you need any other help or advice. (They can arrange to speak to you in your own language if you need them to.)

L'information peut être rendue disponible dans d'autres langues, ou en d'autres formats tels que braille ou bande magnétique audio, sur demande. Veuillez demander à un membre de notre personnel pour plus d'information, ou si vous avez besoin de tout autre aide ou conseil. (ils peuvent organiser de vous parler en votre propre langue si vous avez besoin qu'ils le fassent.)

Bilgiler istenildi\_inde di\_er dillerde de temin edilebilir ayrıca görme özürlülerin kullanabilece\_i kabartma alfabesiyle veya Teyp kaseti \_eklinde de hazırlanabilir. Daha fazla bilgi için veya herhangi bir konuda yardım ve tavsiye ye ihtiyacınız varsa lütfen görevli personelden birisiyle konu\_unuz. (E\_er ihtiyacınız varsa personelimiz sizinle kendi dilinizde konu\_abilmek için bir tercüman ayarlayabilir).

نستطيع توفير المعلومات بلغات اخرى وصيغ اخرى مثل البريل (لفاقدي البصر) والشرائط الصوتية، حسب الطلب, يرجى الاستفسار من احد موظفينا للحصول على المزيد من المعلومات أو للحصول على المساعدة أو اللارشاد. (يستطيع موظفونا توفير وسائل اخرى للتحدث معكم بلغتكم أذا احتجتم الى ذلك.)

该资料已被翻译为其它的语言,也有诸如言文或录音磁带的其它形式供选。 请询问我们的职员以便获得进一步的资料,其它帮助或建议。(如異你有需 要 - 他们可以安排用你自己的语言来和你交谈。)

در صورت درخواست ، اطلاعات به زبانهای دیگر در دسترس فرار خواهد گرفت و یا به هر شکل دیگر از قبیل خط برجسته و یا صدا, جهت دریافت اطلاعات بیشتر و یا دریاف راهنمایی و کمک، لطفا از یک کارمند سوال کنید.( آنها میتوانند ترتیبی بدهند که در صورت لزوم با زبان خودتان با شما صحبت کنند.)

از انباریانه ابه از مانی خوتان ده ست ده که ویت، و یا به شیوه کانی دیکه، له وانه به خه نی گه واره و ایا به ده نگ نه گه ر پهویستک به از انبارای از واراتر ، بیار مه نی و ایا نامواژگاری اهه یه، تکایه پرسیار یکه له یه کیک له کار مه نده کان. (انه وان کارایکی وا ده که ن که به از مانی خوت له گه لتا قسه یکه ن.)

ਬੇਨਤੀ ਕਰਨ ਤੇ, ਜਾਣਕਾਰੀ ਦੂਸਰੀਆਂ ਬੋਲੀਆਂ, ਜਾਂ ਹੋਰ ਰੂਪਾਂ ਜਿਵੇਂ ਕਿ ਬਰੇਲ ਜਾਂ ਆਡੀਓ ਟੇਪ ਤੇ ਵੀ ਦਿੱਤੀ ਜਾ ਸਕਦੀ ਹੈ। ਹੋਰ ਜਾਣਕਾਰੀ ਵਾਸਤੇ, ਜਾਂ ਜੇਕਰ ਤੁਹਾਨੂੰ ਹੋਰ ਸਹਾਇਤਾ ਜਾਂ ਸਲਾਹ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸਾਡੇ ਸਟਾਫ਼ ਦੇ ਕਿਸੇ ਮੈੱਬਰ ਨੂੰ ਪੁੱਛੇ।(ਜੇਕਰ ਤੁਸੀਂ ਚਾਹੁੰਦੇ ਹੋ ਤਾਂ ਉਹ ਤੁਹਾਡੇ ਨਾਲ ਤੁਹਾਡੀ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਗੱਲਬਾਤ ਕਰਨ ਦਾ ਪਬੰਧ ਕਰ ਸਕਦੇ ਹਨ।)

یہ معنوات گذارش کرنے ہو مگرزبانوں یادیگر صور تول، جیسا کہ دیر مل (اٹھری ہوئی کھیائی، نابینا اٹھی س کے پڑھنے کی مکھنائی کا ڈی اور شیب پر بھی فراہم کی جاسکتی ہیں، مزید معلوات یا آئر آپ کو کسی مدویا مشورے کی شرورت ہو، تو براہِ مربانی ہمارے تملہ کے ممبر سےبات کریں، (اُئر آپ کو ضرورت ہو تووہ آپ سے اپنی زبان ہیں بات کرانے کا اٹھام کر کھتے ہیں)،

## Railway Housing Association

