

# Job Application Form

Please complete this form in black ink or black type. A curriculum vitae will not be accepted

Post applied for

## Personal details

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Surname

Other names

Address

Telephone/text phone/fax/mobile  
(Please indicate which)

Home

Work

(Discretion will be used if we need to contact you at work)

Email (Home)

Email (Work)

## Present or last post

Employer  
Address

Position held

Current Salary

Date started

Date left

Reason for leaving

Main duties and responsibilities

Previous posts (most recent first)

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Employer  
Address

Main duties and responsibilities

Position held

Date started

Date left

Reason for  
leaving

Employer  
Address

Position held

Date started

Date left

Reason for  
leaving

## Please list other previous posts

Employer

Start Date   End Date

Main Duties & responsibilities

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## Education, qualifications and training

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**Please note:** Where a specific qualification is an essential requirement in the person specification you will be required to produce original certificates if you are offered the post

Qualification or course

Place of study

## References

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Please give the name and addresses of two referees. One must be your current or most recent employer, or tutor if you are a student or school leaver. Please note references from personal friends or relatives are not acceptable.

### Current or most recent employer

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Organization	<input type="text"/>	Organization	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
May we contact this referee if you are shortlisted?		May we contact this referee if you are shortlisted?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Additional information

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Do you have any Unspent criminal conviction?

Yes  No

Do you have any Spent criminal Convictions?

Yes  No

(If yes, please give brief details)

**Please note:** If the post for which you have applied is exempt from the provisions of the Rehabilitation of Offenders Act, you will be required to complete a separate form.

Total number of days absent from work due to sickness in the last 12 months .....

Reasons for any extensive sickness (10 days & over) .....

Are you required to have a work permit

Yes  No

If 'yes', do you have one

Yes  No

Are you connected to a business, which trades with Alzheimers Dementia Support?

Yes  No

If 'yes', please state relationship and business name

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Are you related to, or partner of, an Alzheimers Dementia Support committee member or employee?

Yes  No If 'yes', please state the name(s), relationship and if an employee, their job title

## Personal statement

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Please explain why you are applying for this post. Refer to the job description and person specification and continue on a separate sheet if necessary

## Declaration

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I confirm that the details given in this form are correct and understand that any false declaration may result in disciplinary action being taken, which could result in my dismissal from post.

I hereby explicitly consent Alzheimers Dementia Support 'ADS' holding my personal details within a manual or electronic filing system in relation to the Data Protection Act, 1998.

Signature

Date

## Please return the completed form to:

**Nysa Harris**  
**Alzheimers Dementia Support,**  
**Unit 113, 5 High Street,**  
**Maidenhead, Berkshire, SL6 1JN.**  
Email: [nysa.harris@alzheimersdementiasupport.co.uk](mailto:nysa.harris@alzheimersdementiasupport.co.uk)

Disclaimer: - Alzheimers Dementia Support ('ADS') are supportive of our partner agencies and will, from time to time, pass on information related to our relevant field. We do not however, promote nor declare endorsement for any individual or organisation. Your details will be held securely on Salesforce CRM, MailChimp and Secure Hard Copy and are collected under Consent, Legitimate Interest and in some cases Legal Obligation. A Full copy of our Privacy Notice is available on our website or by request. You can change your mind and **UNSUBSCRIBE** at any time in writing, by phone or email using the details below.

**Mailing Address:** Alzheimers Dementia Support, Unit 113, 5 High Street, Maidenhead, Berkshire SL6 1JN

**Tel:** 07516 165 665 / 07516 165 647

**Email:** [info@AlzheimersDementiaSupport.co.uk](mailto:info@AlzheimersDementiaSupport.co.uk)

**Website:** [www.alzheimersdementiasupport.co.uk](http://www.alzheimersdementiasupport.co.uk)

Registered Name: Alzheimers Dementia Support Ltd Registered in England under Company Number: 07687060  
Registered Charity No: 1143867 Registered Office: Belmont Place, Belmont Road, Maidenhead, SL6 6TB

# Equal Opportunities Monitoring Information

PLEASE NOTE: THIS WILL BE SEPARATED FROM YOUR APPLICATION FORM PRIOR TO SHORTLISTING

**Confidential** Please complete in black ink and return with your completed application form

In accordance with the Alzheimers Dementia Support 'ADS' equal opportunities policy, 'ADS' will select new employees on job-related criteria only: that is, the ability to meet the criteria of the job as outlined in the person specification.

The questions below will help 'ADS' monitor the effectiveness of its equal opportunities policy and to address areas of under-representation. The information, which you supply, on this form will be used for statistical purposes and will be detached from the application form prior to short listing. Please, therefore, complete all questions by ticking the appropriate response or entering the information requested.

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Full name	
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Post applied for	
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How did you hear about this vacancy?

- Advertisement in newspaper  
Newspaper (please specify).....
- Job centre
- Employment agency (please specify).....
- Friend/relative/colleague
- Internal advert through the Society
- Alzheimers Dementia Support website
- Other (please specify).....

Age  Date of birth

Gender  Male  Female  
Marital Status  Single  Married or in a Civil Partnership

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Please indicate how you prefer to describe your ethnic origin.

Note: These are categories recommended by the Commission for Racial Equality

- Bangladeshi
- Black African

- Black Caribbean
  - Black other (please specify).....
  - Chinese
  - Indian
  - Irish
  - Pakistani
  - White
  - Other (please specify).....
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For employment purposes, a disabled person is defined as a person with a physical, sensory or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.

For employment purposes, are you disabled?  Yes  No

Please state the nature of your disability

Disclaimer: - Alzheimers Dementia Support ('ADS') are supportive of our partner agencies and will, from time to time, pass on information related to our relevant field. We do not however, promote nor declare endorsement for any individual or organisation. Your details will be held securely on Salesforce CRM, MailChimp and Secure Hard Copy and are collected under Consent, Legitimate Interest and in some cases Legal Obligation. A Full copy of our Privacy Notice is available on our website or by request. You can change your mind and UNSUBSCRIBE at any time in writing, by phone or email using the details below.

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