

NXG TRUST

Application Form

1. Post applied for : _____

2. Please print details below:

First name: _____ Surname: _____

Address: _____ Postcode: _____

Email: _____ Contact number: _____

3. Current job title: _____

Current organisation: _____

Current salary: _____

Notice period: _____

4. Please provide details below of your educational background. Please enter details of your most recent certification / qualification first :

Name of institution	Dates attended	Qualification and grade achieved

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5. Please select the option below that best describes your work status in the UK:

- I have a full British passport
- I have indefinite leave to remain in the UK
- I am an EU citizen with permission to work in the UK
- Other. Please provide details _____

6. Please provide full details below of your employment history, indicating whether full or part time. Please enter details of your most recent position first:

Name of Organisation	Dates employed	Job title and summary of main duties, experience and knowledge gained	Salary

7. General experience and further information

Please explain how you believe you meet the person specification for the role (continue on a separate sheet if necessary):

Give as much information as necessary to demonstrate your abilities, skills, experience and knowledge and how they relate to this role. This include voluntary and leisure interests. Please make sure you show how you meet all the criteria on the person specification listed as shortlisting points (S).



Where did you hear about this vacancy? _____

Interviews are likely to be held on Tuesday 20 July.

Please tick the box to confirm that, if shortlisted, you will be available on this date

This post will require DBS clearance.

Please tick the box if you already have current DBS clearance

Please give details of two people we can contact to provide a reference for you. If you are employed one of these should be your current employer.

Reference 1:

Name: _____

How they know you: _____

Organisation name: _____

Address: _____

Telephone: _____

Email: _____

Reference 2:

Name: _____

How they know you: _____

Organisation name: _____

Address: _____

Telephone: _____

Email: _____

Equalities Monitoring Form

1. Are you...? (Please tick one box)

Male Female

2. Age

Please select your age group	<input type="checkbox"/> Under 18	
	<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-49
	<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54
	<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59
	<input type="checkbox"/> 35-39	<input type="checkbox"/> 60-64
	<input type="checkbox"/> 40-44	<input type="checkbox"/> 65+

3. How would you describe your work status at the moment? (Please tick one box)

Employed full/part-time Self-employed Student Retired
 Looking after home/family Unemployed Other

4. Do you consider yourself disabled? (Please tick one box)

No Yes **→ If yes, what is the nature of your disability?**
 Physical Sensory
 Mental Learning

5. Are you registered as disabled? (Please tick one box)

No Yes

6. Please tick one box to describe your ethnic group:

White
<input type="checkbox"/> British
<input type="checkbox"/> Irish
<input type="checkbox"/> Turkish/Turkish Cypriot
<input type="checkbox"/> White Other (Please state)

Mixed
<input type="checkbox"/> White & Black Caribbean
<input type="checkbox"/> White & Black African
<input type="checkbox"/> White & Asian
<input type="checkbox"/> Other (Please state)

Asian or Asian British
<input type="checkbox"/> Indian
<input type="checkbox"/> Pakistani
<input type="checkbox"/> Bangladeshi
<input type="checkbox"/> Tamil
<input type="checkbox"/> Asian Other (Please state)

Black or Black British
<input type="checkbox"/> Caribbean
<input type="checkbox"/> African

Other
<input type="checkbox"/> Chinese
<input type="checkbox"/> Vietnamese

<input type="checkbox"/> Somali
<input type="checkbox"/> Black Other (<i>Please state</i>)

<input type="checkbox"/> Other Ethnic Group (<i>Please state</i>)
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