

EQUAL OPPORTUNITIES POLICY

Waterside Out of School Clubs CIC believes in the principal of equal opportunity in employment and pre-select applications only on the basis of their qualifications and experience. Our policy is not only to adhere whole-heartedly to the laws as outlined in the Race Relations Act 1976 and the Sex Discrimination Act 1975, but also to the spirit behind the laws prescribed.

DECLARATION TO BE SIGNED BY ALL APPLICANTS

I hereby agree that during the time I am engaged by Waterside Out of School Clubs CIC

- a) I will not disclose to any person any information obtained whilst attending a confidential assignment.
- b) I will hold in trust and confidence for Waterside Out of School Clubs CIC all such information and will never use it other than for the benefit of Waterside Out of School Clubs CIC.

I declare that all of the information that I have completed in this application is to the best of my knowledge true. I understand that if I knowingly make false statements I could be subject to police prosecution. I understand that my application is subject to a minimum of two satisfactory references, and a CRB.

I agree that Waterside Out of School Clubs CIC may disclose any confidential information they may hold on record i.e. references etc, to any clients that may request such information. I understand that information disclosed will be kept strictly confidential.

Full name: _____

Signed: _____ Date: _____

WATERSIDE OUT OF
SCHOOL
CLUBS CIC 

Waterside Out of Schools Clubs CIC Company No. 5450203
95/97 Station Road, New Milton, Hampshire BH25 6JJ

Waterside Out of School Clubs CIC
 95/97 Station Road
 New Milton
 Hampshire
 BH25 6JJ
 Tel: 01425 611522
 Fax: 01425 611504

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Photograph



PERSONAL DETAILS

(Mr/Mrs/Miss/Ms) Last Name		First Names	
Previous Last Names Used			
Address			
			Post Code
Telephone Number (home)		Where did you hear of Waterside CIC?	
Mobile			
E-Mail		National Insurance No.	
Date of Birth		Age	
Shifts Required (Please Tick)			
Means of Transport (Please Tick) <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Other		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Occasional	
Others languages spoken.....			

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Name	
Address	
	Postcode
Relationship	Tel:

TO BE COMPLETED BY NON-BRITISH AND NON-EC NATIONALS ONLY

Do you have a work permit? Yes* No *Original seen and copy taken Yes No By.....

BANK DETAILS

Name of Bank / Building Society		Branch	
Sort Code (6 Digits)	Account Number: (8 Digits)		Reference / Roll Number (Building Society Accounts Only)
Name on account:			

EMPLOYMENT HISTORY (Continue on a separate sheet if necessary - 10 Years history required. Please include any other relevant experience)

Name and address of previous employer(s)	Position Held Responsibilities and Salary	From Month/Year	To Month/Year	Reason for leaving

QUALIFICATIONS Professional Qualifications (e.g. NVQ, First Aid, Food Hygiene)

Name of Professional Body	Qualification	Place Obtained	Year Obtained	Details/Comments

ADDITIONAL QUALIFICATIONS/TRAINING

Please add any other relevant information that may help your application process.

REFERENCES

Please give either 2 employment references or 3 character references, that we may contact immediately (1 must be a current employer).

REFERENCE 1 Name	REFERENCE 2 Name
Job Title	Job Title
Address	Address
Post Code:	Post Code:
Tel: Fax:	Tel: Fax:
Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer	Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer
REFERENCE 3 Name	REFERENCE 4 Name
Job Title	Job Title
Address	Address
Post Code:	Post Code:
Tel: Fax:	Tel: Fax:
Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer	Please indicate type of referee: <input type="checkbox"/> Character <input type="checkbox"/> Employer

It may be necessary to contact other referees from your work history, please sign here if this is not acceptable _____

HEALTH QUESTIONNAIRE

All information in this form will remain confidential and will not be divulged to anybody outside Waterside Out of School Clubs CIC

GP _____ Tel: _____

Address _____

Please answer truthfully whether you have or have had any of the below conditions by ticking the appropriate box. Yes No

Asthma, breathing difficulties, persistent coughs	<input type="checkbox"/>	<input type="checkbox"/>
Eczema, skin conditions	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy, blackouts	<input type="checkbox"/>	<input type="checkbox"/>
Back problems	<input type="checkbox"/>	<input type="checkbox"/>
Visual disturbances/problems	<input type="checkbox"/>	<input type="checkbox"/>
Hearing problems	<input type="checkbox"/>	<input type="checkbox"/>
Persistent headaches, migraines	<input type="checkbox"/>	<input type="checkbox"/>
Ear/throat infections	<input type="checkbox"/>	<input type="checkbox"/>
Kidney infections	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or psychiatric illness	<input type="checkbox"/>	<input type="checkbox"/>
Any allergies (please list)	<input type="checkbox"/>	<input type="checkbox"/>
Are you receiving any medical or psychiatric treatment	<input type="checkbox"/>	<input type="checkbox"/>
Have you taken time off work in the previous twelve months (please list below)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had to leave employment for health reasons	<input type="checkbox"/>	<input type="checkbox"/>
Overall general health good	<input type="checkbox"/>	<input type="checkbox"/>

Details

REHABILITATION OF OFFENDERS ACT 1974

Due to the nature of work for which you are applying, this post is exempt from section 4 (2) of the Rehabilitation of Offenders Act 1974 (exceptions) (amendments) order 1986. Applicants are therefore not entitled to withhold information about convictions, which are otherwise spent under the provisions of this act. In the event of employment, failure to disclose any convictions will result in removal from the agency register.

Have you ever been convicted of an offence, or are any such procedures pending? Yes No

If 'yes' please give details

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