

**PEMBROKE COLLEGE · CAMBRIDGE**

*Postcode CB2 1RF Telephone (01223) 338100*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| APPLICATION FORM | | | | | | | |
| ***Please complete all details in white boxes. Thank you.*** | | | | | | | |
| **POSITION APPLIED FOR** | |  | | | | | |
| PERSONAL DETAILS | | | | | | | |
| **SURNAME** |  | | | | **TITLE**  **Mr/Mrs/Miss/Dr** |  | |
| **FIRST NAMES** |  | | | | **KNOWN AS** |  | |
| **ADDRESS *(incl. Postcode)*** |  | | | | **TELEPHONE NOS.**  **HOME** |  | |
| **WORK** |  | |
| **MOBILE** |  | |
| **EMAIL ADDRESS** |  | | | |  | | |
| **ARE THERE ANY RESTRICTIONS ON YOUR CONTINUED RESIDENCE OR EMPLOYMENT IN THE UK? *(if yes please give details on a separate sheet)*** | | | | | **YES /NO/UNSURE** | | |
| **DO YOU REQUIRE A WORK PERMIT *(please circle)*** | | | | | **YES /NO/UNSURE** | | |
| **NATIONAL INSURANCE NUMBER** | | | | |  | | |
| **If the post for which you have applied requires you to hold a driving licence or have access to a vehicle, please answer these questions:**  **DO YOU HOLD A CURRENT DRIVING LICENCE? *(please circle)* YES/NO**  **IF YES, DO YOU HAVE REGULAR USE OF A CAR? *(please circle)* YES/NO** | | | | | | | |
| **PRESENT/LAST EMPLOYER *(including unwaged activities)*** | | | | | | | |
| **NAME OF EMPLOYER** | |  | | | | | |
| **ADDRESS** | |  | | | | | |
| **POSITION HELD** | |  | | | | | |
| **DATE STARTED** | | | **NOTICE REQUIRED** | | | | |
| **Please supply a brief outline of your duties and responsibilities and how they relate to the position you are applying for:** | | | | | | | |
| **PREVIOUS EMPLOYMENT *(continue on a separate sheet if necessary)*** | | | | | | | |
| EMPLOYER’S NAME/ADDRESS | | POSITION HELD | | | DATES FROM/TO | **REASON FOR LEAVING** | |
|  | |  | | |  |  | |
| **EDUCATION *(from Secondary School onwards)*** | | | | | | | |
| **SCHOOL/COLLEGE/UNIVERSITY** | | | | **CERTIFICATES/QUALIFICATIONS OBTAINED** | | | | |
|  | | | |  | | | | |
| **MEMBERSHIP OF PROFESSIONAL BODIES/OTHER RELEVANT QUALIFICATIONS** | | | | | | | | |
| **Details of Relevant Technical, Professional or Occupational Training Courses Attended** | | | | | | | | |
| **NATURE OF TRAINING** | | **DATES/DURATION** | | | **EXAMINATIONS/QUALIFICATIONS GAINED** | | | |
|  | |  | | |  | | | |
| **REASON FOR APPLYING** | | | | | | | | |
| **Why do you consider you are a suitable candidate for this position and what motivated you to apply? *(continue on a separate sheet if necessary)*** | | | | | | | | |
|  | | | | | | | | |
| **FURTHER INFORMATION** | | | | | | | | |
| **Please indicate how your experience, skills and abilities support your application for this position and supply any other information (including outside activities and interests) you consider appropriate in support of your application *(continue on a separate sheet if necessary):*** | | | | | | | | |
| **REFEREES** | | | | | | | | |
| **Please give the names and contact details of two referees whom we can contact to provide information in support of your application. One of these should be your current employer. If you are not in employment, please supply the name of your most recent employer or an academic reference (e.g. tutor or teacher). Please indicate below whether references may be taken up prior to an offer of employment being made and accepted and please ensure that your referees are aware of this application.**  **NAME:**  **ADDRESS:**  **EMAIL ADDRESS:**  **TEL. NO:**  **OCCUPATION/RELATIONSHIP TO YOU:**  **MAY WE CONTACT THIS REFEREE PRIOR TO AN INTERVIEW? *(please circle)* YES/NO** | | | | | | | | |
| **NAME:**  **ADDRESS:**  **EMAIL ADDRESS:**  **TEL. NO:**  **OCCUPATION/RELATIONSHIP TO YOU:**  **MAY WE CONTACT THIS REFEREE PRIOR TO AN INTERVIEW? *(please circle)* YES/NO** | | | | | | | | |
| REHABILITATION OF OFFENDERS ACT 1974 | | | | | | | | |
| Applications from ex-offenders are welcomed and will be considered on their merit. Convictions that are irrelevant to this job will not be taken into account. You are required to disclose any convictions, which are not 'spent' by virtue of the Rehabilitation of Offenders Act 1974.  Have you been convicted of a criminal offence, which is not spent, as defined in the above Act?  *Please tick*   |  |  | | --- | --- | | YES |  | | NO |  |   If yes, please give details of date(s), offence(s) and sentence(s) passed:  The Rehabilitation of Offenders Act does not apply to certain specified professions, nor does it apply to posts which involve contact with children, young people or vulnerable adults. In any of these cases you should state all past convictions, including any that are spent, giving details of date(s), offence(s) and sentence(s) passed:  If you are applying for a post which involves contact with either children or vulnerable adults, please also confirm that you are not listed on either of the following (please tick the appropriate box / boxes): | | | | | | | | |
| I can confirm that I am not listed on the childrens’ barred list | | | | | | |  | |
| I confirm that I am not listed on the adults’ barred list | | | | | | |  | |
| I declare that I have no past convictions, cautions or bind-overs and no pending cases affecting why I might be considered unsuitable to work with children / vulnerable adults. | | | | | | |  | |
| ***The information you provide will be treated as strictly confidential and will be considered only in relation to the job for which you are applying*** | | | | | | | | |
| **DECLARATION** | | | | | | | | |
| I confirm that to the best of my knowledge and belief the information I have given in support of my application is correct, and understand that any misleading statement or deliberate omission may result in my dismissal and a claim for damages. I hereby consent to the processing of sensitive personal data, as defined in the  Data Protection Act 1998, involved in the consideration of this application.   * **If you have a disability, and there are any special arrangements which need to be made should you be short-listed for interview, Please contact us to notify us of these.**   Signature of applicant: ………………………………………………………………… Date: ………………………………… | | | | | | | | |