

Please complete in black ink or type

Cruse Bereavement Care is striving to be an Equal Opportunities Employer. Applicants will be treated on the basis of their relevant abilities and merits according to the requirements of the job. Please complete this form carefully, as the decision whether to shortlist you for the interview will be based on the information you provide on this form. When providing information, please refer to the skills, experience and qualifications set out in the job description and person specification. You should provide evidence that you possess what is required, preferably by giving examples. Don't forget the skills and experience you have gained in addition to those gained through paid work or through training.

APPLICATION FOR THE POST OF Finance Officer (Maternity Cover)

Personal Details

<u>Surname</u>	<u>Title</u>	<u>Forenames</u>
----------------	--------------	------------------

<u>Full Address</u>

Home Telephone No:	Work Telephone No: May we contact you at work?
--------------------	---

<u>Email:</u>

Work Permit

Do you need a Work Permit for this post?	Yes /	No
--	-------	----

Present or most recent employment

Name and address of employer:
Job title:
Brief outline of duties:

Date started:	Date left:	Salary:
Notice required:	Reasons for wishing to leave/leaving:	

Previous employment

(please commence with your most recent employment) . Please continue on a separate sheet if necessary

<u>No of Year Employed</u>	<u>Employer's Name and Address</u>	<u>Job Title and Main duties (including hours worked per week)</u>	<u>Reason for Leaving</u>

Education, skills, qualifications and training

(please give details of any qualifications/skills you possess, or training courses you have attended, particularly those relevant to the skills, knowledge or experience required for this post. Before appointment evidence of the relevant qualifications will be required.)

Course or other details	Grades or results

Information in support of your application

Please say why you want to join Cruse Bereavement Care and why you are applying for this post. What are the qualities, experience and special interests that you can contribute to the post? Please include details of any relevant experience including voluntary or part-time work.

(Please continue on a separate sheet if necessary – no more than two sides of A4 in total)

Please tick the box to indicate if additional sheets are enclosed:

Please enter in the box the number of additional sheets

enclosed:

*(NB: CVs are **not** accepted as part of your application)*

If these 2 boxes are left blank it is assumed that no pages additional to the application form have been included.

Health

A disability or health problem will not preclude full consideration of your application.

Please specify any serious or recurring illnesses, major surgery, injuries or disabilities and give brief details
How many days have you been absent from work owing to illness in the last 2 years?

Disclosure of Unspent Convictions (Rehabilitation of Offenders Act 1974)

Posts Involving Client Contact

Some posts within Cruse Bereavement Care involve client contact and therefore a check by the Criminal Records Bureau is required. Where applicable, your consent to this check will be sought at the point where an offer of employment is made.”

Other Posts

If the post does not involve Criminal Records Bureau and if a provisional offer of a post is made, you will be asked to disclose unspent convictions by replying using a confidential envelope supplied by us, to be processed separately to the application form. In the event of being employed in connection with this application, any failure to disclose unspent convictions could result in dismissal or disciplinary action.

References

Please give details of two people whom we may contact for references. These referees should have knowledge of you in a working environment, either paid or unpaid, and one should be your current or last employer. If you are a recent school or college leaver, please give appropriate school/college references. Your current employer will only be contacted with your agreement.

<p>Name:</p> <p>Telephone Number:</p> <p>Address:</p> <p>In what capacity do you know your referee?</p> <p>Name:</p> <p>Telephone Number:</p> <p>Address:</p> <p>In what capacity do you know your referee?</p>
--

Declaration: To the best of my knowledge, the information I have given on this form is correct and complete. All the questions relating to me have been accurately and fully answered and I possess all the qualifications which I claim to hold. I understand that any information which is later discovered to be incorrect may result in the termination of any agreements made.

Signature: _____ **Date:** _____

**Please return to: Cruse Bereavement Care, Central Office, PO Box 800, Richmond
TW9 1RG**

Cruse Bereavement Care

EQUAL OPPORTUNITIES MONITORING FORM

IN CONFIDENCE

Cruse Bereavement Care wants to make its services available to all sections of the community. Please help us by filling in this form. The information will be treated confidentially and only used to monitor the effectiveness of our Equal Opportunities Policy.

1. **Gender:** (Please circle) MALE FEMALE
2. **Age:** (Please circle) 16-17 18-29 30-39 40-49 50-59 60-74 75+

- 3 **Do you consider yourself to have a disability as described by the Disability Discrimination Act?** (Please circle) *ie do you consider yourself to be someone who has 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. (Please circle)*

YES

NO

- 4 **How would you describe your ethnic or cultural origin?** (Please circle) *If you wish to classify yourself in some other way, please feel free to do so.*

Asian British
Bangladeshi
Black African
Black British
Black Caribbean
Black Other
Chinese

Indian
Mixed Race
Pakistani
White British
White Irish
White Other
Other *(please specify)*