

# JANE TOMLINSON APPEAL



Position and  
hours  
applied for

Available Start  
Date:

## OWLS Bereavement Service

Please ensure you have read the job description thoroughly before completing this form. Please complete this form fully using black ink or type. CVs are not accepted. Applications received after the closing date will not normally be considered. Please send the completed form to Bereavement Service Co-ordinator Nicole Greenwood: [Nicole@janetomlinsonappeal.com](mailto:Nicole@janetomlinsonappeal.com).

ALL INFORMATION SUPPLIED ON THIS FORM WILL BE TREATED IN THE STRICTEST CONFIDENCE.

### Section 1 Personal details

Surname:

First  
Name:

Title:

Address:

  
  
  

Postcode:

Daytime Telephone  
Nº:

National Insurance  
Nº:

Letters	Numbers	Letter
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mobile Telephone Nº:

E-mail address:

Are you free to remain and take up employment in the UK with no current immigration restrictions?

Yes

No

Driving Licence – if relevant to post applied for. Do you hold a full, clean driving license valid in the UK?

Yes

No

If you are successful, you will be required to provide relevant evidence of the above details prior to your appointment.

## Section 2 Current Employment

Current Employment (If now unemployed give details of last employer)

Name of Employer:

Address:

  
  

Postcode:

Post Title:

Date of Appointment:

Salary:

Department /  
Section:

Brief description of duties:

Continue on a separate sheet if necessary

Period of Notice:

Last day of service  
(if no longer  
employed):

Reason for leaving:

## Section 3 Previous Employment continued

Previous Employment

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Start Date:

Finish Date:

Reason for leaving:

## Section 3 Previous Employment continued

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Start Date:  Finish Date:

Reason for leaving:

## Section 3 Previous Employment continued

Name of Employer:

Address:

Postcode

Position Held:

Summary of duties:

Start Date:

Finish Date:

Reason for leaving:

Continue on a separate sheet if necessary

## Section 4 Education

Qualifications obtained from Schools, Colleges and Universities. Please list highest qualification first:

College or University	Course	Qualifications and grades obtained
School	Subjects	Qualifications and grades obtained

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Continue on a separate sheet if necessary

## Professional Qualifications

Please give details:

Professional Qualifications	Course Details

**Membership of any Professional / Technical Associations- Please state level of Membership:**

Continue on a separate sheet if necessary

## Section 5 Training and Development

Please give details of any training and development courses or non-qualifications courses which support your application. Include any on the job training as well as formal courses.

Title of Training Program or Course	Duration of Course

Continue on a separate sheet if necessary

## Section 8 Personal Statement

Abilities, skills, knowledge and experience.

Please use this section to explain in detail how you meet the requirements of the Person Specification. If you are or have been involved in voluntary/unpaid activities, please also include this information. Attach and label any additional sheets used.

Continue on a separate sheet if necessary

## Section 9 Rehabilitation of Offenders Act

Depending on the position, applicants may be subject to a DBS check.

Yes

No

**Do you have any convictions, cautions, reprimands or warnings that are unspent under the Rehabilitation of Offenders act 1974?**

*The Jane Tomlinson Appeal complies with the DBS Code of Practice and undertakes to treat all applicants for positions fairly. The Jane Tomlinson Appeal undertakes not to discriminate unfairly against any person subject to a Disclosure on the basis of conviction of other information revealed.*

*Having a criminal record will not necessarily prevent an applicant from being employed by the Jane Tomlinson Appeal. Any decision to employ will depend on the nature of the position and the circumstance and background of any offences.*

If yes, please give details / dates of offence(s) and sentence:

Are you subject to any criminal investigations or procedures? If yes, please give details of ongoing enquiries.

## Section 10 Disability Discrimination Act

This Act protects people with disabilities from unlawful discrimination. The Disability Discrimination Act defines a disabled person as someone who has a physical or mental impairment which has a substantial and adverse long term effect on his or her ability to carry out normal day to day activities.

Do you have a disability which is relevant to your application? Yes

No

If yes, please give details:



We will try to provide access, equipment or other practical support to ensure that people with disabilities can compete on equal terms with non-disabled people.

Do we need to make any specific arrangements in order for you to attend the interview? Yes  No

If yes, please give details:

## Section 11 References

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your references are.

Reference 1		Reference 2	
Name:	<input type="text"/>	Name:	<input type="text"/>
Position (job title):	<input type="text"/>	Position (job title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Address:	<input type="text"/>	Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Telephone N°:	<input type="text"/>	Telephone N°:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

Are you willing for this referee to be approached prior to the interview? Yes  No

Are you willing for this referee to be approached prior to the interview? Yes  No

# Section 13 Equality and Diversity Monitoring Form

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by the Jane Tomlinson Appeal purely for monitoring purposes.

Application for the post of:

To help us ensure that our Equal Opportunities Policy is fully and fairly implemented (and for no other reason) please COMPLETE THIS SECTION OF THE APPLICATION FORM.

What is your Ethnic Group?

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background.

A. White

White UK

Irish

White non-UK

Any other White background  
(please give details):

D. Black or Black British

Black Caribbean

Black African

Any other Black background  
(please give details):

B. Mixed

White & Black Caribbean

White & Black African

White & Asian

Any other Mixed background  
(please give details):

E. Chinese or other ethnic group

Chinese

Vietnamese

Any other ethnic background  
(please give details):

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background  
(please give details):

F. I do not wish to provide this information

# Section 13 Recruitment Monitoring Form continued

## Gender

Male

Female

## Disability

Disability is defined as "physical or mental impairment, which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities".

Do you consider yourself disabled? Yes  No

If yes, please give details:

## Age Group

16-25

26-35

36-45

46-55

56-65

66-70

Over 70

## Media

Please state where you saw this post advertised

# Section 14 Declaration

Returning this form to the Jane Tomlinson Appeal via email acts as your email signature and signifies your agreement to the following declaration.

Declaration

I confirm that the information I have given on this application form is a full and accurate record. I understand that the information will form part of any subsequent contract of employment and, if it is found to be false, I may be dismissed.

Signed \_\_\_\_\_ Date \_\_\_\_\_







