



Building your future,
Together

Apply within

Job Information

Job Reference Number (if known)

Position applied for

How did you hear of this vacancy?

Referral Information

Have you been referred by a current CFM team member? If so, please provide details

CFM Team Member Name	<input type="text"/>
Team Members Business Unit Location	<input type="text"/>

Applicant Information

Personal Details

Title:

First Name:

Surname:

National Insurance Number:

Do you have the right to work in the UK?

YES NO

Can you confirm you have a valid full driving licence and use of a car?

YES NO

Contact Details

Address:

Postcode:

Telephone:

Mobile:

Email Address:

Employment History

Please give details of your career, starting with your current/most recent employment.

Employer:		Title:		Dates:	
Job Role Details and List of Duties:					
Reason for leaving:				Leaving Salary:	

Employer:		Title:		Dates:	
Job Role Details and List of Duties:					
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Education and Qualifications

Secondary Education				
Level	Subject	Result	Awarding Body	Date
e.g. A Level	e.g. Information Technologies	e.g. A/Dist.	e.g. AQA, CCEA	

Higher Education				
Learning Institution	From	To	Degree	
University/College			e.g. Bachelor of Science/BSc	
Course Subject/Name: e.g. Computer Science				

Learning Institution	From	To	Degree	
Course Subject/Name:				

Professional Membership		
Institution		Year

Referees			
Please give the names and addresses of two referees, one of whom should be your current employer (if applicable). References should be work related. Referees will not be contacted until a provisional offer is made and your permission has been given.			
Name:		Name:	
Position:		Position:	
Organisation:		Organisation:	
Address:		Address:	
Phone:		Phone:	
Email:		Email:	

Interview Arrangements / Other Information

Please provide details of any specific arrangements in relation to either correspondence or access which you may require at interview.

Are there any dates within the next four weeks that you are unable to attend for interview? If so, please provide details.

How much notice does your current employer require? (if applicable):

How many periods of absence have you had in the previous two years?:

Additional Information

Please outline your current/most recent remuneration package, including details of all benefits.

Basic Salary:		Annual Leave:	
Bonus:		Other:	
Car/Car Allowance:			
Pension:			
Health Care:			
Length of Notice:		Earliest Start Date:	

Please sign and date your name below. If you are returning the form electronically, then you may type your name by way of verification.

I confirm that the statements given by me on this application are, to the best of my knowledge and belief, true. I understand that deliberate falsification of factual information may prejudice my application or lead to an offer of appointment being rescinded.

Signature:		Date:	
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Equal Opportunities Monitoring Form

Confidential

Reference no:

Guidance Notes:

We are an Equal Opportunities Employer. We aim to provide equality of opportunity to all persons regardless of their religious or similar philosophical belief; political opinion; sex; race; age; sexual orientation; or, whether they are married or are in a civil partnership; or, whether they are disabled; or whether they have undergone, are undergoing or intend to undergo gender reassignment.

We do not discriminate against our job applicants or employees on any of the grounds listed above. We aim to select the best person for the job and all recruitment decisions will be made objectively.

In this questionnaire we will ask you to provide us with some personal information about yourself. We are doing this for two reasons.

Firstly, we are doing this to demonstrate our commitment to promoting equality of opportunity in employment. The information that you provide us will assist us to measure the effectiveness of our equal opportunity policies and to develop affirmative or positive action policies.

Secondly, we also monitor the community background and sex of our job applicants and employees in order to comply with our duties under the Fair Employment & Treatment (NI) Order 1998. You are not obliged to answer the questions on this form and you will not suffer any penalty if you choose not to do so. Nevertheless, we encourage you to answer the questions below.

Your identity will be kept anonymous and your answers will be treated with the strictest confidence. We assure you that your answers will not be used by us to make any unlawful decisions affecting you, whether in a recruitment exercise or during the course of any employment with us.

To protect your privacy, you should not write your name on this questionnaire. The form will carry a unique identification number and only our Monitoring Officer will be able to match this to your name.

Please turn to the next page for the Equal Opportunities Monitoring Questionnaire

Equal Opportunities Monitoring Questionnaire

Community Background

Regardless of whether a person practices a religion, people in Northern Ireland are perceived to be members of either the Protestant or Roman Catholic communities.

Please indicate below which community you belong to by ticking one of the boxes below:

I am a member of the Protestant community

I am a member of the Roman Catholic community

I am not a member of either the Protestant or Roman Catholic communities

If you do not answer the above question, or if you tick the "not a member of either" box, we are encouraged to use the residuary method of making a determination, which means that we can make a determination as to your community background on the basis of the personal information supplied by you in your application form/personnel file.

Sex

Please indicate your sex by ticking one of the boxes below:

Male

Female

Other

If Other, please specify:

If you answer these questions about community background and sex you are obliged to do so truthfully, as it is a criminal offence under the Fair Employment (Monitoring) Regulations (NI) 1999 to knowingly give false answers to these questions.

Racial Group

Please complete the following fields:

Country of Birth:

Nationality:

Please indicate which of the following applies to you by ticking the appropriate fields:

White	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Irish Traveller	<input type="checkbox"/>	Indian	<input type="checkbox"/>

Pakistani	<input type="checkbox"/>	Bangladeshi	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>
Black Other	<input type="checkbox"/>		

Mixed ethnic group (please state which):

Another ethnic group (please state which):

Disability

Under the Disability Discrimination Act 1995, you are deemed to be a disabled person if you have cancer, multiple sclerosis or HIV infection.

Also, you are deemed to be a disabled person if you have a physical or mental impairment which has substantial and long-term adverse effect(s) on your ability to carry out normal day-to-day activities.

Considering the information above, do you consider that you are a disabled person?

Yes No

If you answered 'yes', please indicate the nature of your disability impairment by ticking the appropriate boxes below:

Physical impairment, such as difficulty using your arms, or mobility issues requiring you to use a wheelchair or crutches.

Sensory impairment, such as being blind or having a serious visual impairment or being deaf.

Mental health condition, such as depression or schizophrenia.

Learning disability or difficulty, such as Down's Syndrome or dyslexia, or Cognitive Impairment, such as autistic spectrum disorder.

Long-standing or progressive illness or health condition, such as cancer, HIV infection, diabetes, epilepsy or chronic heart disease.

Other (please specify):