

APPLICATION FORM

1. PERSONAL DETAILS (to be completed in BLOCK LETTERS)

Title (Mr/Mrs/Miss/Ms) Other _____ Surname _____ First Names _____

Address _____ Date of Birth _____

_____ National Insurance Number _____

_____ Postcode _____ Telephone Number _____

Mother Tongue _____ Country of Origin _____

2. POSITION APPLIED FOR (please tick): Interpreter Translator Both Sign language

3. EDUCATION/TRAINING/QUALIFICATIONS/

SCHOOL/ COLLEGE/UNIVERSITY	FROM	TO	QUALIFICATIONS GAINED/SOUGHT

4. PREVIOUS EMPLOYMENT

Are you unemployed? YES/NO If Yes - length of unemployment _____

OR

Are you facing unemployment? YES/NO If Yes - expected date of unemployment _____

EMPLOYER	JOB TITLE	DATE START	DATE FINISH	TEMP/PERM	REASON FOR LEAVING

4a. Please specify the reason for any gaps in employment

5. LANGUAGES

Language combinations, in order of fluency:

From (state language) _____ into (state language) _____

From (state language) _____ into (state language) _____

From (state language) _____ into (state language) _____

Others, please state _____

5a. Sign language

Training and Memberships:

INSTITUTE/ ASSOCIATION	DATE RECEIVED	QUALIFICATIONS/ MEMBERSHIP GAINED or SOUGHT

6. ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION

Please outline any relevant experience in interpreting (verbal):

Please outline any relevant experience in translating (written):

Please use the space below to tell us anything else that you think maybe relevant, you may also tell us about any hobbies or interests you have in support of this application. (Continue on a separate sheet if necessary).

7. WORKING PATTERNS

Are you willing to work at any time within a 24hour day? YES / NO

If no, please state your desirable hours of work: _____

Are you willing to work any day within a 7 day week? YES / NO

If no, please state your desirable days of work: _____

8. HEALTH

The information you provide here will be used as part of the assessment process, of which confidentiality is assured.

Are you in good health? YES / NO

If you answered 'no' to the above question, could you please provide further details here

Have you ever suffered from serious illness or undertaken any major operations? YES / NO

If you answered 'yes' to the above question, could you please provide further details here

Are you prepared to undergo a medical examination prior to employment? YES / NO

9. MISCELLANEOUS

To the best of your knowledge are you related to a member or senior officer of InterTrans Exchange?

YES / NO

Where did you see this advertisement?

10. NOTES

1. All sections of the application form must be fully completed, we need to know as much as possible about gaps in your employment history.
2. It is not normally possible to re-schedule assessment/interview dates.
3. DO NOT include any additional documents (such as curriculum vital) with your application. The completed application form is the ONLY document that will be considered for short listing.
4. We will contact you in writing (normally within 10 working days) to let you know whether or not you have been short listed.
5. We will be happy to give you feedback in the event of you being unsuccessful at any stage of the selection process.

If you have any difficulty obtaining appropriate references due to long term unemployment or career break, please inform us on the application form or at the interview.

11. REFERENCES

1. Name: _____ Relationship to you: _____

Company Address: _____

_____ Post code _____

Contact no: _____ Email: _____

2. Name: _____ Relationship to you: _____

Company Address: _____

_____ Post code _____

Contact no: _____ Email: _____

For office use only:		
Received:		
Short listed:		
Interviewed:	Time:	Date:
Reference request:	First:	Second:

12. EQUAL OPPORTUNITIES MONITORING

Co-operative Community Action aims to be an Equal Opportunities employer and we select staff solely on merit irrespective of race, sex, age, disability etc. In order to monitor the effectiveness of our equal opportunities policy we ask all applicants to provide the following information. Please circle your answer

Gender

Are you.... Male Female

Age Range

What is your age range? 18-20 21-30 31-40 41-50 51-60
60+

Ethnic Origin

I would describe my ethnic origin as: Asian Caribbean African S.E. Asian British
European Irish Other *Please specify* _____

Do you consider yourself to be? Black White Mixed Other

13. OTHER INFORMATION

Do you have a current driving licence? Yes No

Do you have any current convictions, spent or unspent? Yes No

If yes, please give details

If you are applying to a job-share post, please tick _____
This only applies to posts advertised as being available for job-share

14. DECLARATION

I authorise InterTrans Exchange to obtain references prior to interviews to avoid delay and to support this application, and release the company and referees from any liability caused by giving and receiving information.

I declare that all the information I have given on this application form is true to the best of my knowledge and belief. I understand that my application may be rejected and/or that I may be dismissed if I withhold or give false information.

Signature: _____ Date: _____

Please return this completed application form to:

20 Gregory Boulevard
Hyson Green
Nottingham
NG7 6BG