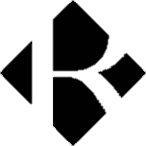
**HR DEPARTMENT**



**APPLICATION FOR WORK EXPERIENCE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ROYTHORNES LIMITED**  **ENTERPRISE WAY, PINCHBECK, SPALDING, LINCOLNSHIRE, PE11 3YR**  **14 PARK ROW, NOTTINGHAM, NG1 6GR**  **AGRICULTURE HOUSE, WILLIE SNAITH ROAD, NEWMARKET, SUFFOLK, CB8 7SN**  **DEAN'S COURT, 10 MINSTER PRECINCTS, PETERBOROUGH, PE1 1XS**  **–** An equal opportunities employer – | | | | | | | | | |
| The information provided on this application form will remain confidential and will be used for the purpose of selection/recruitment. Where the application is successful I understand that from time to time the Partnership may wish to process any personal information (as periodically updated) contained within this document or held by the Partnership in respect of me or my employment for HR administration and business management and promotional purposes. I understand that, where this is the case, processing will take place in accordance with the Data Protection Act 1998, and that the Partnership will abide by the eight data protection principles. I understand that such use may include outsourcing the data to third party contractors, whether in the UK or not, provided that such outsourcing is only for the purposes mentioned above and that the data is adequately protected. Where your application is unsuccessful or you subsequently decline an offer of employment then we may wish to retain your details on file for a period of no longer than 6 months in order that we might contact you about other suitable positions. By signing this document I am giving my consent to such uses.  **On completion please return this form together with covering letter to:** | | | | | | | | | |
| Address: | | **HR DEPARTMENT**  **ROYTHORNES LIMITED, ENTERPRISE WAY, PINCHBECK, SPALDING, LINCOLNSHIRE, PE11 3YR**  **Or via e-mail: recruitment@roythornes.co.uk** | | | | | | | |
| **POSITION APPLIED FOR** | | | | **WORK EXPERIENCE** | | | **POST REF NO** | | **WX2016** |
| **OFFICE LOCATION** | | | | **SPALDING** | | | | | |
| Title (Mr/Mrs/Miss/Ms): | | |  | Surname/family name: | |  | | | |
| Forename(s): | | |  | | | | | | |
| Address: | | |  | | | | | | |
|  | | | | Postcode: |  | |
| Telephone: | Home | | | | Mobile: | |  | | |
| Work | | | | E-mail: | |  | | |

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**DECLARATION OF CRIMINAL OFFENCES**

Having a criminal record will not necessarily bar you from working with us. This will depend on the nature of the position and the circumstances and background of your offences. Any information given will be treated confidentially and only considered in relation to the post for which you are applying. "Spent" convictions are those you do not have to declare after a set period of time. You are required to disclose any convictions, which are **not** 'spent' by virtue of the Rehabilitation of Offenders Act 1974.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you been cautioned, court martialled or have criminal convictions that are not considered "spent" under the Rehabilitation of Offenders Act 1974? \* | Yes |  | No |  |
| Is there court action pending against you? \* | Yes |  | No |  |

\**If you have ticked Yes in either both box(es) then you must complete the table below. Please use additional sheet(s) if necessary. The Rehabilitation of Offenders Act does not apply to certain specified professions: these are mainly medical, legal or accountancy professions. In any of these cases you should state all past convictions below, including any that are spent, giving details of date(s), offence(s) and sentence(s) passed. Failure to disclose* ***any*** *conviction(s), including spent convictions if the post is exempt, may lead to the withdrawal of the offer of employment.*

|  |  |  |
| --- | --- | --- |
| **Date** | **Offence** | **Conviction / Pending Court Action** |
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**EDUCATION AND QUALIFICATIONS**

**(complete appropriate sections)**

|  |  |
| --- | --- |
| **SECONDARY**  **EDUCATION** | |
| Name of School:  Location: | |  | | | | | | | | | | | |
| From: | |  | | To: | | |  | | | | | | |
| Date | | Level  (e.g. O Level, GCSE's ) | | Subject | | | | | | Grades | | | |
|  | |  | |  | | | | | |  | | | |
| **POST GCSE**  **EDUCATION** | |
| Name of School/College  Location: | |  | | | | | | | | | |
| From: | |  | | To: | |  | | | | | |
| Date | | Level/Qualification | | Subject | | | | | | Grades/Result | |
|  | |  | |  | | | | | |  | |
| **POST 'A' LEVEL**  **EDUCATION** | | | |
| Name of  University  Location: | | | |  | | | | | | | | |
| From: | | | |  | To: | |  | | | | | |
| Degree: (please provide title of degree course) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1st year | Subject | | | | | | | Result Obtained/Anticipated | | | Percentage |
| 2nd year |  | | | | | | |  | | |  |
| 3rd year |  | | | | | | |  | | |  |
| 4th year |  | | | | | | |  | | |  |
| What final result did you obtain or expect to obtain? | | | | | Obtained: | | | |  | | | |
| Expected: | | | |  | | | |
| Please provide details of any further higher education, Post-Graduate, Professional or Vocational qualifications (including results obtained and dates). | | | | | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Do you need to take your CPE? | | | Yes |  | | | No |  | | |
| If Yes, please give details. | | | | | | | | | | |
| Proposed Dates | Name of Institution | | | Place of Study | | | | | |
| Place confirmed? | | Yes |  | No |  |
| If you have completed the CPE please give details: | | | | | | | | | | |
| Date | Name of Institution | | | | Result | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Have you completed the LPC? | | | | Yes |  | | | | | No | |  | |
| Are you presently undertaking the LPC? | | | | Yes |  | | | | | No | |  | |
| If you have completed or are taking the LPC what was the result or expected result? | | | | | Obtained: | | | |  | | | | | |
| Expected: | | | |  | | | | | |
| Have you made arrangements to take the LPC? | | | Yes | |  | | No | |  | | | | | |
| If Yes, please give details. | | | | | | | | | | | | | | |
| Proposed Dates | | Name of Institution | | Place of Study | | | | | | | | | | |
| Place confirmed? | | | | Yes | |  | | No | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **WORK RELATED SKILLS** | | | |
| Please tell us about NVQ qualifications, certificates and diplomas etc that you have obtained or are in the process of obtaining. | | | | | | |
| Date | | Qualification/Grade/Result | | | Subject | Training Provider |
|  | |  | | |  |  |
| Please tell us of any foreign languages that you speak/write? | |  | | | | |

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| **EMPLOYMENT HISTORY**  **(state most recent first)** |
| Name of employer (and address): |  |
| Nature of business: |  |
| Your job title: |  |
| Nature of job/responsibilities: |  |
| Date joined company: |  |
| Date appointed to present (last) job: |  |
| Salary/wage (current or on leaving): |  |
| Date left and reason (if applicable): |  |

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| **EMPLOYMENT HISTORY** |
| Name of employer (and address): |  |
| Nature of business: |  |
| Your job title: |  |
| Nature of job/responsibilities: |  |
| Date joined company: |  |
| Date left and reason: |  |

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| --- |
| **EMPLOYMENT HISTORY** |
| Name of employer (and address): |  |
| Nature of business: |  |
| Your job title: |  |
| Nature of job/responsibilities: |  |
| Date joined company: |  |
| Date left and reason: |  |

Please continue on a separate sheet if necessary

|  |
| --- |
| **PERSONAL STATEMENT** |
| You should use this opportunity to demonstrate how your knowledge, experience, skills and abilities gained from your paid employment or voluntary work, plus studies, hobbies etc. support your application. |  |

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| --- | --- |
| **REFERENCES** | |
| **All appointments are subject to the receipt of satisfactory references.** Please provide details of two appropriate referees to whom confidential enquiries may be made. These should preferably be:  **1)** Your supervisor/manager or his/her superior in your current (last) job **AND**  **2)** A similar individual from a previous employment.  If you have not had two previous employers we would accept one work related (or School/College) reference and one personal reference. A personal referee should not be related to you. | | | | | | | | | | | | | | | |
| **1)** Name: | | |  | | | | **2)** Name: | |  | | | | | | |
| Company: | | |  | | | | Company: | |  | | | | | | |
| Position: | | |  | | | | Position: | |  | | | | | | |
| Address: | | |  | | | | Address: | |  | | | | | | |
| Contact no: | | |  | | | | Contact no: | |  | | | | | | |
| Email: | | |  | | | | Email: | |  | | | | | | |
| Please indicate how these individuals know you and how they know about your work abilities, etc (eg state whether they are your current supervisor, manager, etc). | | | | | | | | | | | | | | | |
| **1)** | | | | | | | **2)** | | | | | | | | |
| Please state whether we may approach these referees at any time or only after an offer of work experience has been made: (tick as appropriate) | | | | | | | | | | | | | | | |
| At any time: | | | | |  | Only after my acceptance of offer of work experience: | | | | | |  | | | |
|  | | | | | |
| **OTHER INFORMATION** | | | | | |
| How/where did you learn of this work experience programme? | | | | | |  | | | | | | | | | |
| Have you made an application to the company before? | | | | | | | | | | | Yes | |  | No |  |
| If yes, please give details. | | | |  | | | | | | | | | | | |
| Is there a particular area of the law that you are interested in? If so, why? | | | |  | | | | | | | | | | | |
| Note: The company reserves the right, at any time, to check on any experience, achievements, qualifications and skills claimed by you either on this application form, in any accompanying or subsequent correspondence, or at interview. By signing this form you will be providing us with your agreement for us to proceed with this course of action and confirming that you will not unreasonably refuse to sign a suitably worded information release form that will allow such an investigation to take place. | | | | | | | | | | | | | | | |
| **DECLARATION** I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal. I understand that any offer is subject to satisfactory references. | | | | | | | | | | | | | | | |
| Signed |  | | | | | | | Date | |  | | | | | |

If returning this Application form via e-mail, you will be asked to sign it at the interview stage.

**PRIVATE AND CONFIDENTIAL**

**EQUAL OPPORTUNITIES MONITORING FORM**

**POST REF NO:**  ..........................................................

**The Firm’s Policy Statement** This Firm is committed to eliminating discrimination and harassment and promoting equality and diversity in its own policies, practices and procedures and in those areas in which it has influence. Our policy is that applicants and employees receive equal treatment regardless of race or racial group (including colour, nationality and ethnic or national origin); sex (including marital status, gender reassignment, pregnancy, maternity and paternity; sexual orientation (including civil partnership status); religion or belief; age; or disability where any of these cannot be shown to be a requirement of the job concerned. Recruitment, selection and promotion procedures will be monitored to ensure that individuals are selected, promoted and treated on the basis of their relevant merits and abilities.

To assist us in monitoring the operation of our Equal Opportunities Statement, and for no other reason, a system of monitoring has been set up. Once an appointment has been made the data given on this form will be stored on computer in an anonymised format and the form will be destroyed.

All information provided below will be treated in confidence and used solely by the HR Department for the purpose of providing statistics for Equal Opportunities Monitoring. This Form has been placed at the end of the Application Form as it does not form part of your application and will therefore be detached and stored separately for Equality Monitoring only.

**SEX**

MALE  FEMALE PREFER NOT TO SAY 

**AGE GROUP**

< 16 YRS  16 - 18 YRS  19 - 25 YRS 26 -35 YRS  36 - 45 YRS  46 - 55 YRS  56 - 64.5 YRS  Within 6 months of reaching age 65 

65 YRS AND OVER 

**MARITAL STATUS**

SINGLE  MARRIED  DIVORCED  SEPARATED  WIDOWED 

CIVIL PARTNERSHIP 

**ETHNIC ORIGIN**

Please make sure that you read all the categories and then tick the box that applies to you.

**White:** BRITISH / ENGLISH / SCOTTISH / WELSH IRISH 

ANY OTHER WHITE BACKGROUND  (please state):

**Mixed Origin:** WHITE AND BLACK CARIBBEAN WHITE AND BLACK AFRICAN 

WHITE AND ASIAN ANY OTHER MIXED BACKGROUND  ( please state):

**Asian or Asian British:** INDIAN  PAKISTANI BANGLADESHI 

ANY OTHER ASIAN BACKGROUND  (please state):

**Black or Black British:** CARIBBEAN AFRICAN 

ANY OTHER BLACK BACKGROUND  (please state):

**Other ethnic group:** CHINESE  ANY OTHER BACKGROUND  (please specify):

**SEXUAL ORIENTATION**

LESBIAN/HOMOSEXUAL BISEXUAL TRANSSEXUAL HETEROSEXUAL 

**RELIGION**

CHRISTIAN  (including Church of England/Scotland/Ireland, Catholic, Protestant and all other

Christian denominations) BUDDHIST HINDU JEWISH MUSLIM 

SIKH  ANY OTHER RELIGION (please state):

For the purposes of compliance with the Data Protection Act 1998, I hereby confirm that by completing this form I give my consent to the Firm processing the data supplied on this form for the purpose of Equal Opportunities monitoring.

**OR** If you do not wish to provide monitoring information please return this form blank and tick this box. This will allow us to record your choice. 

Dated: