



WATFORD AFRICAN CARIBBEAN ASSOCIATION

REGISTERED CHARITY NO. 1144021 | COMPANY REGISTRATION NO. 07618383

Holywell Community Centre, Chaffinch Lane, Tolpits Lane, Watford, WD18 9QD
Tel: 01923 216957 | E-mail: hello@wacas.org.uk | Website: www.wacas.org.uk

Please write in **black ink**

Post applied for	
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PERSONAL DETAILS (Block Capitals Please)	
Surname:	Do you hold a FULL current Driving License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Forename(s):	Do you own a car? <input type="checkbox"/> YES <input type="checkbox"/> NO
Address:	Do you require a work permit? <input type="checkbox"/> YES <input type="checkbox"/> NO
Postcode:	National Insurance No:
Email:	Are you over 16? <input type="checkbox"/> YES <input type="checkbox"/> NO
Male <input type="checkbox"/> or Female <input type="checkbox"/>	Telephone Number(s): Daytime: _____ Mobile: _____

Education, Training & Professional Qualifications		
School, university, etc	Qualifications obtained	Date obtained

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Vocational Training			
Title of Course	Name of college	Length of course	Year of course

PRESENT OR LAST EMPLOYMENT (Paid or Unpaid)			
Name of organisation		Job title	
Date started		Current or final salary/wage (if any)	
Period of notice required		Leaving date if not now working	
Reason for leaving (or for seeking other employment):			
Give a brief outline of your responsibilities:			

PREVIOUS EMPLOYMENT including unpaid and voluntary work (please account for any intervals between jobs)			
Name and address of employer	Job title and salary	Dates	Reason for leaving

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Experience, Skills and Interests

Please give full details of relevant experience gained in both your present and previous appointments and any experience gained outside paid employment which you feel would be helpful to the position for which you have applied. Please refer to the advertisement and person specification and relate your experience to the requirements for the post (continue on additional sheets if necessary no more than 2 sides of A4 paper). PLEASE NOTE THAT CVS WILL NOT BE ACCEPTABLE.

Referees			
Please give the name and address of two referees. Referees should have known you at work/school/college and one referee should be your present or most recent employer (if applicable)			
Referee 1		Referee 2	
Name		Name	
Address		Address	
Post code:		Post code:	
Telephone number		Telephone number	
Occupation		Occupation	
May we request reference	At any time	May we request reference	At any time
	Only after offer of employment		Only after offer of employment

In order to comply with the Immigration Act 1996 we are required to see proof of your right to work in the UK. This will be requested once an offer of employment has been made. However, if you require a work permit in order to work in the UK please indicate by ticking this box:

Please give details of any criminal convictions you have had, excluding any considered "spent" under The Rehabilitation of Offenders Act 1974 (minor motoring offences should be disregarded):

Do you consent to a Police check in relation to work with young people and vulnerable adults. YES NO

Do you have a disability YES NO
(Under the Disability Discrimination Act disability is defined as a physical or mental impairment which has a substantial and long term effect on a person's ability to carry out their normal day-to-day activities).
Please describe the nature of your disability:

Declaration
To the best of my knowledge the information on the application form and attached information is correct.

Signature: _____ **Date:** _____

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