

Community Café Manager

Application for Employment	Candidate No.:
Important Notes: Please read the guidance notes before co	ompleting this form.
Sections A to C and Section G (the first and last pages) will that information will not be available to the shortlisting pa	
We do not accept CVs. We do accept e-mailed applications copy will be required and must be received within 3 days of signed applications, marked as Private and Confidential to:	the application closing date. Please send completed
POST APPLIED FOR:	
SECTION A - PERSONAL DETAILS	
Forename(s) S	urname(s)
Address	
	Postcode
Telephone No. (Home)	Mobile
Telephone No. (Work)	(if convenient)
E-mail address:	
SECTION B - HEALTH INFORMATION	
Applications from disabled candidates are welcomed and we will Please describe below any reasonable adjustments which you fapplication for the job/attend for interview:	
Please describe below any reasonable adjustments which you fe would enable you to carry out the job duties:	el should be made to the job itself if you are successful, whic
SECTION C - GENERAL INFORMATION	
Are you currently eligible for employment in the UK? Yee (You will be required to provide proof of this before commencing)	s No D g employment)
REHABILITATION OF OFFENDERS ACT 1974 - If you have punless the conviction can be regarded as "spent" in terms of the for completing this application form for more information. If the eligible for a Disclosure check, this will also be carried out prior to	Rehabilitation of Offenders Act 1974. See the guidance note he position which you have applied for has been assessed a

SECTION D - EDUCATION AND TRAINING

Please list examination passes achieved at school or in further education

	Subject	Grade
provide details of any higher education ι	ındertaken	
University or college	Degree or qualification obtained	Duration
	0	
Qualification	Relevant body	Duration
training relevant to this application		
Name of Course	Provided by	Duration
r training relevant to this application Name of Course	Provided by	Duration

Date Appointed							Employment	sent or Most Recent En	
Post Held							nployer	ne and address of empl	
Post Held								ure of Business	
Date Appointed									
Reason for leaving/wish to leave									
Please give a brief outline of your duties and responsibilities Previous Employment (Please continue on additional sheet if necessary) Name and address of employer Dates Post title and brief details Reason for I								plicable)	
Previous Employment (Please continue on additional sheet if necessary) Name and address of employer Dates Post title and brief details Reason for I									
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	I da -	D			,	ı			
	leaving	Reason for i							

Tell us how you match the person specification citing relevant and specific examples from your work experience. Supply other relevant details in support of your application and describe the contribution you would make to the organisation. (Please continue on a separate sheet if necessary).

SECTION F - SUPPORTING STATEMENT

If the person specification for the role applied for requires a di	riving licence:				
Do you hold a current driving licence? Yes No					
Do you have access to a car?					
STORAGE OF SENSITIVE INFORMATION					
	confidence and will not be disclosed to any third parties except mation given is being gathered for internal consideration by the				
INSERT THE PROJECT/ORGANISATION HERE.	mation given is being gathered for internal consideration by the				
We will store this Application Form in a secure and safe mann	_				
no longer than is necessary for the purposes of processing the	аррисацоп.				
I authorise the collection of this information by the INSERT TH	·				
the above purpose. It will be my responsibility if any informat	·				
_	ation regarding my personal data that is kept by the INSERT THE st. I can also request the correction, addition, or elimination of				
any data through this written request.	, ,				
Signatura	Data				
Signature	Date				
REFERENCES					
	proach, one of whom should be your present or most recent				
1	-employed or have not been in employment then please give				
details of two people who have direct knowledge of your skills	· · · · · · · · · · · · · · · · · · ·				
Name	Name				
Organisation	Organisation				
Occupation	Occupation				
Relationship to you Relationship to you					
Address	Address				
Address	Address				
Postcode	Postcodo				
Posicode	Postcode				
Telephone No.	Telephone No				
Can we contact before interview? Yes \(\square\) No \(\square\)	Can we contact before interview? Yes \(\Q_i\) No \(\Q_i\)				
DECLARATION					
I declare that to the best of my knowledge and belief all parti	culars I have given in this and the accompanying pages of the				
•	false or misleading statement or any significant omission could				
result in termination of employment should I be subsequently					
I understand that any offer of employment will be subject to re	caint of evidence of my eligibility to work in the LIK satisfactory				
references, satisfactory Disclosure results (if applicable to the					
	rmation contained in this application via telephone, e-mail, fax				
	d to verify qualifications, criminal convictions and/or health				
information should this be necessary for this post.					
Signature	Date				

SECTION G - EQUAL OPPORTUNITIES MONITORING

INSERT THE PROJECT/ORGANISATION HERE aims to ensure that individuals are not discriminated against on the grounds of race, colour, culture, ethnic origin, religion, gender, disability, and marital status, responsibility for dependants, sexual orientation or age. In order to monitor our effectiveness of this aim, all job applicants are asked to complete this form. The information will be used for monitoring purposes only.

Please complete all sections of the questionnaire below by placing a tick (\checkmark) or by providing information where

appropriate in the c	lassificatio	n box ap	plying to you	in each sect	ion.				
GENDER AND SEXUA	L ORIENTA	ATION							
			Female	☐ Male	e 🗆				
	Lesbian C	☐ Gay	☐ Bisexual	☐ Trans	gender \square H	eterosexua	al 🗆		
AGE									
	Under	21 🗖	22 - 34	35 - 49 	50 - 64	65+ []		
DISABILITY									
Do you have a recogn substantial and long-t	erm advers	e effect or	-	carry out n			-	ment which ha	as a
	Please	state who	it that disability	y is:					
Not Disabled \square									
ETHNIC ORIGIN									
Individuals should det to their ethnic or culti			f the undernot	ed categorie	s they most close	ely associa	te themsel	ves having reg	ard
White – Scottish		Asian - I	ndian		Black-Caribbe	ean			
White – Other British		Asian –	Pakistani		Black – Africa	n			
White – Irish		Asian –	Bangladeshi		Black – Other				
White – Other		Asian –	Chinese		Other				
Asian – Other									
Position applied for:									
Where did you see the	vacancy ad	vertised? _.							