

# APPLICATION

for employment / placement



10 Bridge Close, ROMFORD. RM7 0AU  
t: 0845 273 2226  
[www.bepgroup.net](http://www.bepgroup.net)

Please handwrite in black ink, do not type application.

POST APPLIED FOR

Mr/Mrs/Miss/Ms

FAMILY NAME

FIRST NAME(S)

HOME ADDRESS

POSTCODE

DAYTIME TELEPHONE NUMBER

EVENING TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL

NATIONAL INSURANCE NUMBER

PLEASE COMPLETE AND RETURN  
USING THE PREPAID ENVELOPE  
SUPPLIED

WHERE DID YOU SEE POST ADVERTISED ?

DO YOU HOLD A FULL CURRENT DRIVING LICENCE?

Yes

No

DO YOU OWN / HAVE FULL ACCESS TO A CAR?

Yes

No

ARE YOU REGISTERED DISABLED?

Yes

No

DO YOU HAVE ANY HEALTH PROBLEMS OR DISABILITIES ? If yes, please list.

DO YOU HAVE ANY PUBLIC SERVICE COMMITMENTS ? eg Councillor, JP etc.

HOW MANY DAYS ABSENCE FROM WORK / SCHOOL IN THE PAST TWO YEARS ?

Sickness

(Unauthorised ab.)

Unpaid leave (Authorised ab.)

HAVE YOU UNDERTAKEN ANY TRAINING OR SHORT COURSES ? please list.

Date

Title

Organising body

ARE YOU A MEMBER OF ANY PROFESSIONAL BODIES, UNIONS, TRADE ORGANISATIONS ? please list.

HAVE YOU BEEN CONVICTED OF A CRIMINAL OFFENCE ?

Yes

No

Please provide details. If appointed, you will be required to complete a Disclosure & Barring Service application

PROTECTION OF CHILDREN :  
The circumstances under which our service is provided are such that if you are exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975, then you shall ensure that you provide information in accordance with the said Act and Order about convictions which would otherwise be spent under the provisions of the said Act in order to allow for all necessary checks to be made. The amendments to the Exceptions Order 1975 (2013) provide that certain spent convictions and cautions are 'protected' and are not subject to disclosure to employers, and cannot be taken into account. Guidance and criteria on the filtering of these cautions and convictions can be found at the Disclosure and Barring Service website. BEP Group may require such people to be removed from BEP Group activities. BEP Group shall upon giving notice in writing, have the power to require but not unreasonably or vexatiously to remove from the provision of the service and/ or activity any person specified in such notice from the provision of the service and/ or activity. BEP Group shall in no circumstances be liable in respect of any cost, expenses, liability, loss or damage occasioned by such removal and the person named in this form shall fully indemnify BEP Group in respect of any claim made by such people.



STARTING WITH CURRENT, PLEASE LIST EMPLOYMENT.

(if still at school / college, please list work experience and any part-time employment, marking clearly)

Dates	Employers name and address
-------	----------------------------

Position / Salary	Duties and Responsibilities
-------------------	-----------------------------

Reason for leaving
--------------------

---

Dates	Employers name and address
-------	----------------------------

Position / Salary	Duties and Responsibilities
-------------------	-----------------------------

Reason for leaving
--------------------

---

Dates	Employers name and address
-------	----------------------------

Position / Salary	Duties and Responsibilities
-------------------	-----------------------------

Reason for leaving
--------------------

EDUCATION. (If still at school / college / university, please list predicted grades)

School and address	Subject / Grade	Date
--------------------	-----------------	------

Further / Higher Education	Subject / Grade	Date
----------------------------	-----------------	------

## PERSONAL STATEMENT

Please use space below to give brief details of skills and experience relevant to the post. Continue on a separate sheet if necessary.

## REFERENCES.

Please give names and addresses of two referees, one of whom must be your current or most recent employer (school if seeking first job / placement).

Name

Name

Company / Address

Address

Postcode

Postcode

Telephone

Telephone

I confirm that the information provided on this application form is true and accurate

signed

date