

Candidate Application Form

Position applied for

Tell us about you...

Title

Surname

First Name(s)

Home Address

Post Code

Home Telephone No.

Mobile Number

Email Address

Date of Birth (optional)

Driving Licence Number

Passport Number

Do you have a current, valid, DBS? Yes No

Does it cover vulnerable adults? Yes No

Does it cover vulnerable children? Yes No

DBS Number

National Insurance Number

Next of Kin

Name

Full Address

Post Code

Contact Number

Relationship to you

Who do you bank with?

Name on your account

Account Number

Sort Code

Professional/ Affiliated Body membership details

Which professional body

Membership/ Registration No.

Valid From

Valid To



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Relevant Experience

Please use the box below to detail any skills relevant to the vacancy for which you are applying.

Employment History

Please give details of all your employment history, beginning with the most recent position. Please include reasons for any gaps in employment (continue on a separate sheet if necessary).

Name and Address of Employer	Start and Finish Dates	Duties and Responsibilities	Reason for Leaving	Salary



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References

One must be your most recent or current employer. Relatives or friends are not acceptable. Personal refs must be a professional (e.g. Policemen, Doctor etc.) Referees must hold a senior position. References must cover a minimum 3 year period.

<p>Permission to Contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of Referee <input style="width: 90%;" type="text"/></p> <p>Reference Type <small>Delete as appropriate</small> emp / academic / personal</p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>Establishment Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%; height: 60px;" type="text"/></p> <p>Telephone Number <input style="width: 90%;" type="text"/></p> <p>Mobile Number <input style="width: 90%;" type="text"/></p> <p>E mail Address <input style="width: 90%;" type="text"/></p> <p>Dates from <input style="width: 20%;" type="text"/> to <input style="width: 20%;" type="text"/></p>	<p>Permission to Contact? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Name of Referee <input style="width: 90%;" type="text"/></p> <p>Reference Type <small>Delete as appropriate</small> emp / academic / personal</p> <p>Occupation <input style="width: 90%;" type="text"/></p> <p>Establishment Name <input style="width: 90%;" type="text"/></p> <p>Address <input style="width: 90%; height: 60px;" type="text"/></p> <p>Telephone Number <input style="width: 90%;" type="text"/></p> <p>Mobile Number <input style="width: 90%;" type="text"/></p> <p>E mail Address <input style="width: 90%;" type="text"/></p> <p>Dates from <input style="width: 20%;" type="text"/> to <input style="width: 20%;" type="text"/></p>
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The bits we have to ask...

Equal opportunities statement

Cosmic People is committed to a policy of equal opportunities for all work seekers and shall adhere to such a policy at all times and will review on an on-going basis all aspects of recruitment to avoid unlawful or undesirable discrimination. We will treat everyone equally irrespective of sex, sexual orientation, gender, gender reassignment, marital or civil partnership status, age, disability, colour, race, nationality, ethnic or national origin, religion or belief, political beliefs or membership or non-membership of a Trade Union and we place an obligation upon all staff to respect and act in accordance with the policy.

Cosmic People shall not discriminate unlawfully when deciding which candidate or temporary worker is submitted for a vacancy or assignment, or in any terms of employment or terms of engagement for temporary workers. Cosmic People will ensure that each candidate is assessed only in accordance with the candidate's merits, qualifications and ability to perform the relevant duties required by the particular vacancy.

Ethnic Origin Category

The following categories are based upon those used in the 2001 census as recommended by the CRE. Please note the ethnic questions are not about nationality, place of birth or citizenship. UK citizens can belong to any of the ethnic categories indicated.

Please highlight the boxes which best describe the ethnic category to which you belong:

White <input type="checkbox"/>	Mixed <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/>	Black or Black British <input type="checkbox"/>
Other ethnic groups <input type="checkbox"/>	British <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/>	Indian <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>	White & Black African <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Black African <input type="checkbox"/>	Other ethnic background <input type="checkbox"/>	Other <input type="checkbox"/>	White & Asian <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Black other <input type="checkbox"/>	Mixed other <input type="checkbox"/>	Asian other <input type="checkbox"/>
			Prefer not to say <input type="checkbox"/>

Gender

Female Male Prefer not to say

If you identify as transgender

Female Male Prefer not to say

Age

Under 18 18 to 24 25 to 34 35 to 44 45 to 54 55 to 64 65 or over Prefer not to say

Religion

Christian Buddhist Hindu None Prefer not to say
 Jewish Sikh Muslim Any other religion or belief

Permission to work in the UK

Do you have immigration permission to work in the UK?

Yes No

Visa Number

In line with UKBA guidance on the prevention of illegal working we will need to verify and take a copy of your original ID documentation as evidence of your right to work in the UK if you are to be engaged by Cosmic People for temporary work.



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Health and Disability

Do you have any health issues or a disability relevant which may make it difficult for you to carry out functions which are essential for the role you seek?

Yes No

If you have a disability, what are your needs in terms of reasonable adjustments in order to access this recruitment service and to attend interview, or to take aptitude tests etc?

Health Questionnaire

Please answer the following questions by ticking either yes or no

Do you have or have you ever suffered from:

- | | | | | | |
|---|------------------------------|-----------------------------|--|------------------------------|-----------------------------|
| Heart condition problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Anemia or blood disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| High blood pressure | Yes <input type="checkbox"/> | No <input type="checkbox"/> | A reaction to medicine or substance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Drug or alcohol condition | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Asthma, Hay Fever, Allergy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Skin conditions | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Eye, ear or nose disorders | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Joint problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Dizzy spells | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Epilepsy or fits | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Psychiatric problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Kidney problems | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Frequent diarrhea or vomiting | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Diabetes | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are you registered disabled | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you currently taking ANY medication | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Have you had hospital treatment or investigation in the last 5 years | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Headaches or Migraines | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Are you currently awaiting hospital treatment or an investigation | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered YES to any of the above, please give details below. Should your answers to any of the above questions change you must inform Cosmic People immediately.

I have answered the above questions to the best of my knowledge and understanding and have not omitted any relevant details.

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Criminal Convictions

Do you have any unspent* criminal convictions?
If yes, state convictions and dates.

Yes No

Date	Convictions

Disciplinary History

Have you ever been subject to disciplinary action at work? "Disciplinary Action" at work would include: Verbal warnings, Written Warnings, Suspension or Dismissal.

Yes No

Date	Convictions

* Certain types of employment and professions are exempt from the Rehabilitation of Offenders Act 1974 and in those cases particularly where the employment is sought in relation to positions involving working with children or vulnerable adults, details for all criminal convictions must be given. The information given will be treated in the strictest of confidence and only taken into account where, in the reasonable opinion of Cosmic People, the offence is relevant to the post to which you are applying.

Failure to declare a conviction may require us to exclude you from our register or terminate an assignment if the offence is not declared but later comes to light.

I, (name) _____ hereby confirm that the information given is true and correct.

Signed by candidate _____ Name _____ Date _____

Working Time Regulations (Optional)

Opt out of 48 Hour Working Week Agreement for Employees

The working time regulations 1998 state that an employee shall not work in excess of the working week unless he or she agrees in writing that this limit shall not apply. The working week means an average of 48 hours each week calculated over a 17 week reference period.

If you wish to opt out of these regulations please complete the declaration below.

I, (name) _____ agree that the working week limit shall NOT apply. If I change my mind, I will give my employer a minimum of 7 days written notice to end this assignment.

Signed by candidate _____ Name _____ Date _____

Candidate Declaration

I hereby confirm that the information given is true and correct. I consent to my personal data and CV being forwarded to clients. I consent to references being passed onto potential employers. If, during the course of a temporary assignment, the Client wishes to employ me direct, I acknowledge that Cosmic People will be entitled either to charge the client an introduction fee, transfer fee or to agree an extension of the hiring period with the Client (after which I may be employed by the Client without further charge being applicable to the Client).

Signed by candidate _____ Name _____ Date _____

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Data Protection Statement

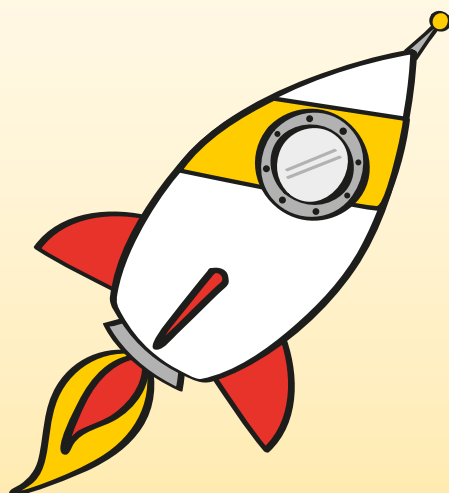
The information that you provide on this form and on any CV given will be used by Cosmic People to provide you work finding services. In providing this service to you, you consent to your personal data being included on a computerised database and consent to us transferring your personal details to our clients.

We may check the information collected, with third parties or with other information held by us.

We may also use or pass to certain third parties information to prevent or detect crime, to protect public funds, or in other way permitted or required by law.

Roles we offer

- Practical Support Assistant
- Library Support Assistant
- Reader
- Scribe
- Workshop/Laboratory Assistant
- Sighted Guide
- Proof Reader
- Study Assistant
- Examination Support Workers
- Manual Notetakers
- Communication Support Workers
- Electronic Notetakers
- Specialist Transcription Service
- Specialist Mentors
- Specialist One to One Study Skills Support
- British Sign Language Interpreters
- Language Support Tutor for Deaf Students



Contact Us...

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