







**Company Registration** No. 4014153 Charity No. 1081996

### **ACCI JOB APPLICATION FORM**

A General Occupational requirement exists for the position under 5(2)d of the Amended Race Relations Act 2000. This is due to the involvement in providing services to predominately African Caribbean communities. Having a member of the same racial group is required due to the understanding of the cultural needs and sensitivities.

#### APPLICATION FORM MUST BE FULLY COMPLETED

#### CV's WILL NOT BE ACCEPTED

#### **FOR OFFICE USE**

Job Ref No: Date Sent Out: Date Returned: Application No: Closing Date:

1.	Vacancy	details	This	section	must	be	completed	

Job Title:								
2. Personal details								
Title:		First Name:			Surname:			
Former Nan	ne(s):				DOB:			
Address:								
					Postcode			
Daytime Tel No:			Е	vening	Tel No:			
Mobile Tel No: Ema				dress:				
Please indicate if you are happy to receive correspondence								













YES

5.	<b>Education</b>	<b>/Qualifications</b>	(including	overseas'	) Please start v	with secondary	education.
J.	Luucation	Guaiiiications	(IIICIUUIII)	I OVELSEAS,	, ricase stait v	with secondary	, euucation.

Fro Mth	om Yr	To Mth	Secondary School/ College/University etc	Examinations taken or to be taken	Results & Grades	Date Gained

## 6. Training - Please list any course(s) which you have undertaken which are relevant to the job and/or specified on the person specification.

Year	Organising Body	Course Title	Length

7	Mambarchin	- Dlasca	indicato	mambarchin	of any	organication(c)	relevant to this jo	h
/.	Membership	<ul><li>Please</li></ul>	marcate	membership	OI dilv	Organisation(s)	relevant to this io	Ο.

Name of organisation	Type of membership	Date of membership

**8. Past Employment and Experience** (if any) include voluntary or other relevant experience.

	om Yr	Mth		Employer	Job Title	Reason For Change
Н	Н	Н	Н			
Н	Н	Н				
П	П	П				
П						
Ш	Щ	Ш				

Please continue on a separate sheet if necessary.

9. Present or most recent employment	ent (if any)
Job title:	Employer:
Salary:	
Date Started:	Date left (if applicable):
Address:	
	Postcode:
Reason(s) for leaving (if applicable):	
10. III Health Retirement/Dismissal	
Have you ever taken ill health retirem	ent or been dismissed for some other reason?
Yes No	
If yes, please give the date and detail	Is
11. Referee details:	
	ne of which must be your current or most recent son designated within the organisation to provide
Please put a cross in the appropriate	box if you do not wish us to take up a reference
without your consent.	
Name:	
Address:	
	Postcode:

Telephone No:	Email address:					
Job Title:	Relationship to you:					
If this referee knows you by anoth	If this referee knows you by another name, please give that name:					
Please put a cross in the appropri	ate box if you do not wish us to take up a reference					
without your consent.						
Name:						
Address:						
	Postcode:					
Telephone No:	Email address:					
Job Title:	Relationship to you:					
If this referee knows you by another name, please give that name:						

PLEASE NOTE
THAT A DBS
WILL BE REQUIRED
PRIOR TO JOB OFFER.

#### 12. Other information in support of your application.

In order for us to decide whether to call you for interview, it is essential that you provide us with sufficient details of any experience and skills which demonstrate how you meet the requirements of this job, as set out in the person specification.

Please continue opposite. You may also continue on a separate sheet(s) if you wish. You should ensure that any additional sheets are attached securely and include your name and job reference number/job title.

12. Other	rinformation	in	support o	of	your	application.
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Continued....

#### 13. Data Protection Act 1998 - Consent and certification of details

The information detailed in this application form may be used by ACCI in the monitoring and progression of its employment policies and practices, and in particular its Equal Opportunities in Employment Policy. This monitoring is for statistical purposes only and you will not be identifiable from this process. However, your personal details contained in the application form may be used in the prevention and detection of fraud. Where this occurs you will be identifiable. The information may be disclosed to the following third parties:

- Funding Agencies for survey and research purposes (for monitoring purposes only).
- Local Government Authorities
- Central Government Authorities
- Organisations that handle or investigate the proper use of public funds
- Law Enforcement Authorities

Application forms of unsuccessful candidates will be destroyed after six months following an appointment to the job. Giving false information will result in your application not being pursued or your contract being terminated if you have already been appointed to the job.

I, (Printed Nar	me):						
	Consent to ACCI recording and processing the information detailed in this application						
	stand that this information may be used by ACCI in pursuance of its oses and my consent is conditional upon ACCI complying with their						
obligations un	der the Data Protection Act 1998.						
I also confirm	that the information contained in this application form is correct.						
Signature:	Date:						
3							

\*APPLICATION FORMS NOT FULLY COMPLETED MAY BE REFUSED\*

Gender:

#### Religion

Website, other (please specify),

Other (please specify),

Christian - (including Catholic, C of E, Protestant and all other Christian denominations)	Buddhist	
Hindu	Jewish	
Muslim	Sikh	
No Religion	Prefer not to say	
Other - please specify	:	
Job Advertisement		
How did you first find out about this job? Please specify the source or publication.		
Jobs4U jobs Bulletin Internal Recr	ruitment (Notice Board)	
City of Wolverhampton Council Website	Jobsgopublic Website	
WM Jobs Website Word of Mouth	Jobcentre Plus	
Search Consultant Express	and Star	
Other Newspaper (please specify),		
Radio (please specify),		
Careers/Open Day (please specify),		
Professional Journal (please specify),		

APPLICANTS
SELECTED FOR
INTERVIEW ON
THE NEXT PAGE

Please complete this form and return it with your application form.

#### **REHABILITATION OF OFFENDERS ACT 1974**

This Act says that details of certain offences need not, after a defined period of time has elapsed, be disclosed by an offender in connection with an application for most types of employment.

However, there are certain types of employment where you are not entitled to withhold information about any previous convictions for any offence whatsoever.

Since you are applying for employment with ACCI, which could involve access to persons under eighteen or over sixty-five, or who are suffering from some serious physical or mental disability by reason of illness, injury, handicap, drink or drugs, you are required to disclose any previous convictions which you may have.

FAILURE TO DISCLOSE PAST CONVICTIONS COULD RESULT IN DISCIPLINARY ACTION OR DISMISSAL.

## CONVICTIONS FOR CRIMINAL OFFENCES

Department:	
Name:	
Post applied	for:
Do you have	any past convictions: Yes No
If yes, please give details:	
(Disclosure of a past conviction will not necessarily bar you from selection)	
Signature:	Date:

www.acci.org.uk

# ACCI Job Application Form.

## **Contact Details**

Director of Services
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