

Address

Job Title

# **Application Form**

# Confidential

Code for HR use only:	
Code for this use only.	

Post Applied for:			Post Number:
Please tell u	s where you first saw this po	ost advertised:	
SECTION 1:	Personal Details		
Title:	Forename:	Surn	ame:
Address:		Post	code:
Home Telep	hone Number:	Mob	ile Telephone Number:
Work Teleph	none Numbers (if convenien	t): Ema	il:
National Inst	urance Number:	Natio	onality:
	ted to any member of the Nase state relationship, name,		epartment:
Asylum and	I Immigration Act		
All applicants	MUST provide evidence of	their right to w	ork in the United Kingdom.
Do you requ	ire a permit to work in the U	K? 🗌 Yes	□ No
If 'YES' and	you already have a work pe	rmit, please st	ate the type of permit:
Disability			
a Guaranteed	Interview Scheme. This gu	arantees an in	disability and/or health condition and operate terview to all disabled candidates as defined b and competency of the job specification.
Do you wish	to apply under the Guarant	eed Interview	Scheme?
•	details of any support and/o nication support, wheelchai	•	you would require at interview / selection test parking space):
References			
•	er. If you are unable to prov	•	approach. One of them should be your most references, please give details of Academic or
Referee 1		Refe	ree 2
Name		Nam	e

Address

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Relationship			Relationship		
Email			Email		
Telephone No.			Telephone No.		
How long have yo	erson?	How long have yo	ou known this per	son?	
May we contact th	is referee prior	to interview?	May we contact the Yes No	•	interview?
Criminal Convic	tions				
All appointments at details of any unsp Offenders Act 1974 disclose such informall be treated as continuous continuous and the second s	ent convictions I. Offences resumation may res	or cautions you ulting in licence ult in dismissal	I have under the te endorsements sho or disciplinary action	rms of the Rehab uld be disregarde on by the Museum	ilitation of ed. Failure to
Have you ever be	en convicted in	a court of law o	of any criminal offer	nce?  Yes	☐ No
If YES, please giv	e details of offe	nces, penalties	and dates		
<b>Declaration</b> I hereby declare the disqualification or o	•		_		will be liable to
Signature			Date		
Applications sent b	y electronic retu	urn will be cons	idered signed and	dated as per the	email return.
The information pro	ovided by you o	n this form as a	n applicant in acc	ordance with the I	
is completed, unsu More information ca	ccessful applica an be found in t	in connection wations will be se the Museum's F	oith recruitment pro- curely destroyed a Privacy Policy ( <u>ww</u>	cess. Once the re fter 6 months.	cruitment process
is completed, unsu	ccessful applica an be found in t y ( <u>www.nam.ac</u>	in connection wations will be se the Museum's F	oith recruitment pro- curely destroyed a Privacy Policy ( <u>ww</u>	cess. Once the re fter 6 months.	cruitment process
is completed, unsu More information of Management Police	ccessful applica an be found in t y ( <u>www.nam.ac</u> y:	in connection wations will be se the Museum's F	oith recruitment pro- curely destroyed a Privacy Policy ( <u>ww</u>	cess. Once the re fter 6 months.	cruitment process
is completed, unsu More information of Management Polic Code for HR use only	ccessful application be found in the found i	in connection wations will be se the Museum's F	rith recruitment pro- curely destroyed a Privacy Policy ( <u>www</u> nagement-policy).	cess. Once the re fter 6 months.	cruitment process

# **Training and Development**

Please provide details of all training and development relevant to this post

Course Title	Course Provider	Course date

# **Membership of Professional Body**

Please provide details of any membership of professional bodies (including level of membership).

Name of Professional Body	Level of Membership / Qualification Awarded	Date Awarded

# **SECTION 3: Employment History**

Please give details of your most recent employment (Paid or Unpaid).

Name and Address of Employer			
Job Title	From (month/year)	To (month/year)	
Current or Final Salary Period of notice required			
Brief description of key duties and respons	ibilities		
Reason for Leaving			

#### **Previous Employment**

Please list all previous employment you have held in the last 10 years starting with the most recent first. (If you wish to provide more details, please include this in the Additional Information Section).

Name and Address of Employer			
Job Title		From (month/year)	To (month/year)
Brief description of key duties and	responsibilities		
Reason for Leaving			

Name and Address of Employer		
Job Title	From (month/year)	To (month/year)
Brief description of key duties and responsibilities		

m (month/year)	To (month/year)
	To (month/year)
	To (month/year)
	To (month/year)
m (month/year)	
	To (month/year)
m (month/year)	To (month/year)
	knowledge and experier d job description. (if you nation section).
	oloyment history, skills or
cation, training, emp ant to your applicat	tion.
	tion. 

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#### **SECTION 5 – Confidential**

### **Equal Opportunities Monitoring Form**

The National Army Museum (NAM) recognises and actively promotes the benefits of a diverse workforce and is committed to treating all employees with dignity and respect regardless of race, gender, disability, age, sexual orientation, religion or belief. We therefore welcome applications from all sections of the community.

This information will be kept securely and not made available to anyone before or during short-listing. It will not be used in deciding whether to shortlist you for interview or offer you employment. All information will be retained in accordance with the NAM's retention of records arrangements and all data relating to unsuccessful candidates is destroyed after six months.

This section of the application will be detached from you application and will be used solely for monitoring purposes.

Post Applied for:						
Age						
Please tick one of	f the following:					
		I	I			
☐ 18 <i>-</i> 24	<u> 25 – 34</u>	□ 35 – 44	☐ 45 – 54	<u>55</u> -	- 64	☐ 65 & over
☐ Prefer not to say						
Gender						
Please tick one of	f the following:					
☐ Male	☐ Fer	nale	☐ Prefer not to	say		
Ethnic Origin						
How would you de	escribe your eth	nic origin (please	tick the appropri	ate box)	?	
Asian or Asian	Duitiah					
_					<u> </u>	
Indian	☐ Paki	stani	Bangladeshi [		Asian	British
Any other Asian	background (sp	ecify if you wish):				
Black or Black	British					
☐ African	Afric	an Caribbean	☐ Caribbean	[	Black	British
Any other Black	background (sp	ecify if you wish):				
Chinese or Chir	nese British					
Chinese	Chin	☐ Chinese British				
Any other Chines	se background (	specify if you wis	h):			
White						
White	Any oth	er White backgro	und (specify if yo	ou wish):		
Mixed						
☐ White & Asia	n 🔲 Whit	e & Black African	☐ White & BI	ack Cari	bbean	

Any other Mixed ba			,				
Arab	Any oth	Any other ethnic background (specify if you wish):					
<b>Disability</b> Under the Equality A has a substantial an activities'.							ital impairment, which ormal day-to-day
Do you consider yo	urself to have	a disa	bility as defi	ned by th	ne Equa	ality Act 201	0?
Yes	☐ No			☐ Pref	er not t	o say	
If yes, please give	details if you v	vish					
form in the Persona your needs.  Religion or Belief Which of the followir tick 'no religion'	election proce al Details sect ng religions do	ss, plea	ase ensure that we can	hat you haccomm	nave de odate you do	etailed these	on your application
Buddhist	Catholic		Christia	ın	Hir	ndu	☐ Jain
Jewish	Muslim		Sikh		No re	ligion	☐ Prefer not to say
Other (Please spec	ify if you wish	)					
Sexual Orientation What is your sexual	orientation? F	Please	tick one of th	ne followi	ing:		
Bisexual		Le	esbian/Gay V	Voman		☐ Gay Ma	n
☐ Heterosexual / S	Straight	☐ Ot	her			☐ Prefer n	ot to say
	<del>-</del>	<u>I</u>					<u>-</u>