## **GUERNSEY HOUSING ASSOCIATION**



Guernsey Housing Association First Floor, Newlands House Lowlands Trading Estate Braye Road, Vale, GY3 5XJ

For office use only	
CANDIDATE NUMBER:	

Please complete this form in type or black ink. If there is insufficient space for your information, continue on a separate piece of paper ensuring that your name is on it.

Yo	ur Details	А	pplication for:	Care	etaker (part-ti	me)
Name:					Title:	
Address:					Home Tel:	
					Work Tel: Mobile:	
Postcode:					•	
E-mail:						
When is the be	est time to contact you?					
Can we contac	t you at work with discreti	on?	YES / NO	Please circle		
Do you have a	right to work in Guernsey?	?	YES / NO	Please circle		
Issue No:		Expiry Date:				
Ro	eferences					
	ddress, email address and positic ation concerning your profession					
1. EMPLOYER						
Address:					Tel no:	
Postcode:						
E-mail:						
Relationship:						
2. PERSONAL						
Address:					Tel no:	
Postcode:						
E-mail:						

Relationship:	
itciationsinp.	

Em	ployment			
Current/Most	Recent Employment:			
Employer:				
Address:			Work Tel:	
Postcode:			I	
Job Title:			Salary:	
Other benefits Please list				
<b>Duties:</b>				
Date Appointe	d to this Post:			
Period of notice required/date able to start:				

## **Previous Employment**

**Previous Posts Held:** 

Start with the most recent employer and detail any gaps not covered by paid employment.

		Name of employer and nature of	Position held / Duties and Responsibilities	Why did you leave this	
From	То	business	rosition neta / Duties and nesponsibilities	role?	

## **Previous Posts Held (Continued):**

Da	ites	Name of employer and nature of	Parities hald (Parities and Passassibilities	Why did you leave this	
From	То	FOSILION NEIGH NESPONSIBILITIES		role?	

Qua	lifications		
sional Qu	alifications		
Dat	es	Name of Educational Establishment	Qualifications Obtained, Special Attainments, Examina
From	То	Name of Educational Establishment	Pending (give date and when results are expected
ional Qua	alifications		
i <b>onal Qu</b> a		Name of Educational Establishment	Qualifications Obtained, Special Attainments, Examina
		Name of Educational Establishment	
Dat	es	Name of Educational Establishment	Qualifications Obtained, Special Attainments, Examina Pending (give date and when results are expected)
Dat	es	Name of Educational Establishment	
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Dat	es	Name of Educational Establishment	
Dat	es	Name of Educational Establishment	
From	es To		Pending (give date and when results are expected
From	es To	y reason other than resignation or end of a fi	Pending (give date and when results are expected)

YES / NO

Please circle

## **Additional Information**

Additional	l information	in support o	of vour a	onlication:

e.g. reasons for applying for this post and how you meet the selection criteria paying particular attention to providing examples to evidence your responses

Please continue on a separate sheet if necessary

**Sickness** 

(Please read Guidance Notes (Sickness Record), found at the front of the application form, prior to completing this section)

Successful applicants may be required to attend a medical examination prior to being appointed, or at any point during employment.								
								ı
Nonella	6 .1			2				
Numbei	т от аау	s sickness absend	e in the i	ast 2 years:				
Please s	tate nu	mber of occasior	ns in the l	ast 2 years:				
								•
	Ва	ckground						
Crimina (Declarati		<del></del>	of Offenders	(Bailiwick of Guernsey) Law	2002)			
	-							
Do you	have an	y criminal convi	ctions? If	YES please give details.				
				Please circle and g	ive details if nec	essary		
YES	NO NO							
				Please tick to indicate	if you have b	een:		
				viously employed by Gu				
				b) a tenant of Guernsey				
			(c) relate	ed to an employee of Gu	iernsey Housi	ng Association	l	
	De	claration						
		-		provided is true and co	-	•		_
	info	ormation will dis	qualify m	e from appointment or,	if appointed,	could lead to t	termination of app	oointment.
	Under	the terms of the	Data Pro	tection (Bailiwick of Gue	ernsey) Law, 2	017, I give my	consent, by signin	g below, that
		the infor	mation I	have supplied may be ke	ept on file for	future employ	ment related use.	
	1							
Signed:						Date:		

Where did you see this post advertised?					
Please detail any other post(s) at GHA for which you have recently applied?					

Are you happy for GHA to keep this application on file for six months, even if this application is unsuccessful?

YES / NO Please circle