



SWANSEA DRUGS PROJECT (SAND)

"Reducing Drug and Alcohol Harm"

73/74 Mansel Street, Swansea SA1 5TR

Tel : 01792 472002

Fax : 01792 472004

Email : mail@swanseadp.org.uk

Registered Charity No. 517326

Application for Employment

Please use only your forename initials when completing this covering page. This page is for identification purposes only. It will be removed for short-listing purposes, and only referred to when contacting candidates following the short-listing procedures. The unique candidate number at the bottom of this page will be used to identify your application, therefore please ensure that you enter your number on each page, and any additional sheets.

PLEASE DO NOT SEND IN A C.V.

Post Applied For:
Closing Date:

PERSONAL DETAILS:

Surname:	Address:
Forename(s):	
	Post Code:
Work Phone:	Home Phone:
Mobile:	Email:
National Insurance No:	Current Driving Licence Yes / No
Welsh speaker Yes / No	Car Owner Yes / No

I certify that I have answered all the questions contained within this application form honestly and fully. I realise that false information on my part will render me liable to dismissal.

SIGNED: _____ (Applicant) **DATE:** _____

Candidate No. _____

List your Secondary Schools

Date From	Date To	Secondary School / Colleges / Universities

Qualifications: Secondary Education

(GCE O Levels, A / AS Levels, GNVQ, NVQ, GCSE, CSE's)

Subject	Subjects Passed	Level	Grade	Year

Qualifications: Further Education

(BTEC, ONC, HNC, CGLI, RSA, Degree, Diploma, Social Work Qualifications etc)

Subject / Discipline / Course	Qualification	Year

Are you currently studying for any qualifications?

Yes / No

If yes, please give details _____

Candidate No. _____

Please give particulars of membership of any professional body together with brief details of any papers presented / published, details of Training Courses / Seminars attended, or any other experience or skills you consider relevant e.g. Voluntary Work, etc:

Have you a disciplinary pending?

Yes / No

Have you ever been convicted of a criminal offence

Yes / No

If yes, please give details (this will not necessarily affect your application)

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**Please note that for all positions within the Swansea Drugs Project
a Criminal Records Bureau check will be required.**

Candidate No. _____

Further information in support of your application:

We are particularly interested in knowing:

What skills, talents and abilities you think you can bring to the Swansea Drugs Project. What experience you have that you consider relevant to the post for which you are applying:

Continue overleaf if necessary

Candidate No. _____

Details continued:

Candidate No. _____

Please give names and addresses of two people who will act as referee, one of whom must be your current or last employer.	
Name:	Name:
Position/Relationship:	Position/Relationship:
Address:	Address:
Postcode:	Postcode:
Telephone including STD Codes:	Telephone including STD Codes:
Tel. Home No.:	Tel. Home No.:
Tel. Work No.:	Tel. Work No.:
Facsimile:	Facsimile:
Email:	Email:

Please Note:

References will only be actioned following successful interview

Please give details of where you saw the advertisement:

.....

Please return this form to:

Swansea Drugs Project (SAND)
 73/74 Mansel Street
 Swansea
 SA1 5TR

Applicant's Signature:

Date of Completion:

EQUAL OPPORTUNITIES

THE SWANSEA DRUGS PROJECT IS AN EQUAL OPPORTUNITIES EMPLOYER. OUR POLICY IS TO ENSURE THAT ALL APPLICATIONS ARE TREATED FAIRLY, REGARDLESS OF AGE, GENDER, MARITAL STATUS, ETHNIC ORIGIN OR DISABILITY.

THE INFORMATION FROM THIS FORM HELPS US MONITOR THE EFFECTIVENESS OF OUR POLICY. IN ADDITION TO THE DETAILS THAT YOU HAVE ALREADY PROVIDED, YOU ARE INVITED TO INDICATE YOUR AGE, ETHNIC ORIGIN, GENDER AND ANY DISABILITY BY TICKING THE BOXES BELOW.

THIS EQUAL OPPORTUNITY FORM IS NOT PART OF THE SELECTION PROCESS AND IS ONLY USED FOR MONITORING PURPOSES BY THE PERSONNEL DEPARTMENT.

MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
WHITE	<input type="checkbox"/>	BLACK CARIBBEAN	<input type="checkbox"/>
INDIAN	<input type="checkbox"/>	BLACK AFRICAN	<input type="checkbox"/>
BANGLADESHI	<input type="checkbox"/>	BLACK OTHER	<input type="checkbox"/>
PAKISTANI	<input type="checkbox"/>	CHINESE	<input type="checkbox"/>
IRISH	<input type="checkbox"/>		

Any other Race or Ethnic Group (please describe below)

Marital status (please circle) married / divorced / separated / widowed / single

Date of birth:

Age:

Disability

Under the Disability Discrimination Act 1995 disability is defined as:

“Having a physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities.

There are other definitions which you may wish to use.

In the light of the D.D.A. 1995 definition, or any other, do you consider that you have a disability? (please circle) Yes No

If yes, please state the nature of your disability:
