

Luton Roma Trust

See our website for more information on the work of our charity: lutonromatrust.org.uk

Job Application Form
/acancy Title: Please tell us how you heard about this vacancy:
1. Personal details
Last Name: First Name:
Address:
Postcode:
Home Telephone No. Daytime Contact No.
E-mail address:
National Insurance No.
Oriving Licence Yes ☐ No ☐ Do you hold a full, clean driving licence valid in the UK?

2. Preferred hours

We like our workers to be willing to work flexibly across the week (Monday-Friday). Please let us know here of any prior commitments you have....

3. Education/Qualifications

School (11+)	Study Dates	Qualification and Grade	Date Obtained
College/University	Study Dates	Qualification and Grade	Date Obtained
Ongoing Professional Development	Study Dates	Qualification and Grade	Date Obtained

Please use the space below to give details of any training or non-qualification based development, which is relevant to the post and supports your application.				
Training	Course		Course Details	
		(including len	gth of course/nature of training)	
Current Membership o	f any Professional Bod	y/Organization		
Please give details:				
4. Employment His	tory			
Previous Employment: Please include any previous experience (paid or unpaid), starting with the most recent first.				
Current or most recent	<u>employer</u>			
Name of Employer:				
Address:				
Postcode:				
Position Held:				
Date Started:		Leaving Date:		
Reason for Leaving:				
Salary on leaving this post:		act Name of Line Manag ence:	er for	
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Training and Development

Brief description of duties:

Crina Morteanu – Project Manager - <u>office@lutonromatrust.org.uk</u> Luton Roma Trust – 9-10 Crystal House, 29-31 New Bedford Road, Luton LU1 1HS

Previous employer				
Name of Employer:				
Address:				
		Postcode:		
		1 Ostcode.		
Position Held:				
Date Started:	L	eaving Date:		
Reason for leaving:				
Salary on	Conf	tact Name of Line Man	ager for	
leaving this post:	refer	rence		
Brief description of dutie	76.			
brief description of date				
Previous employer				
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Name of Employer:				
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Address:				

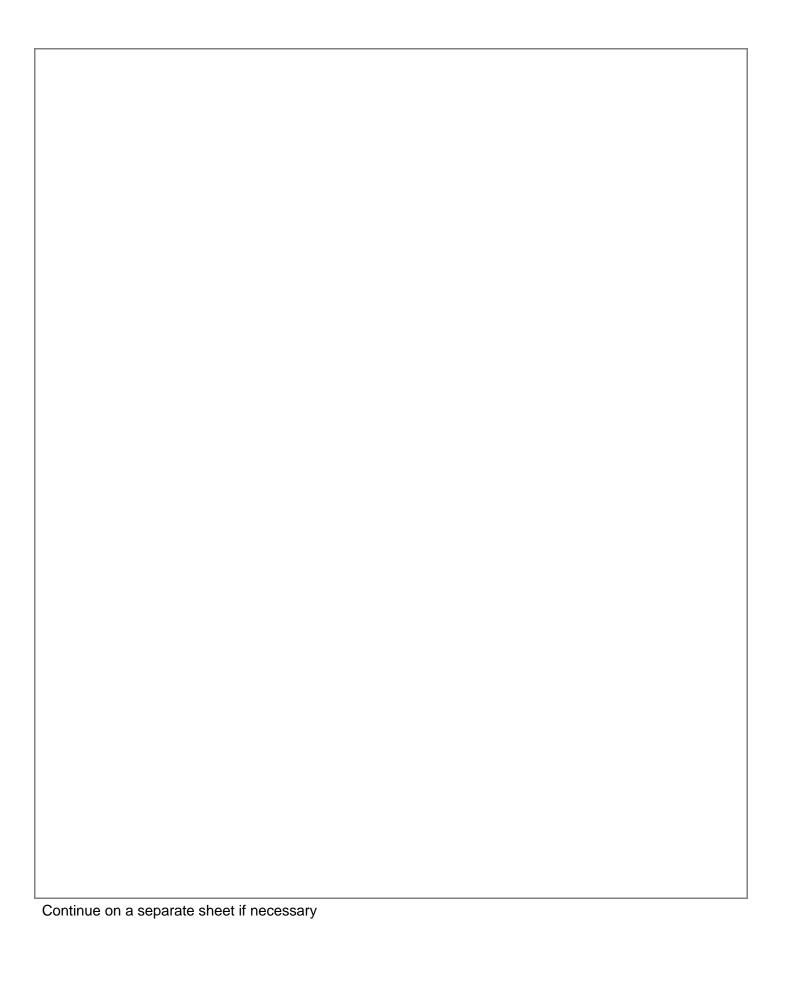
	Postcode:			
Position Held:				
Date Started:		Leaving Date:		
Reason for Leaving				
Salary on leaving this post:		Contact Name of Line Mareference	anager for	
Brief description of duties	S:			

Continue on separate sheet if necessary

5. Information in support of your application

Skills, abilities and experience

Please use this section to demonstrate why you think you would be suitable for the post with reference to the person specification. Please provide examples of your relevant experience and case studies. Please include all relevant information, whether obtained through formal employment or voluntary/leisure activities. Attach and label any additional sheets used.



6. Convictions/ Disqualifications

To ensure the safety of our clients/members a DBS check must be completed for all positions. A criminal record will not necessarily be a bar to obtaining a position. If a check is returned and reveals any information, this will be discussed with the applicant.

Rehabilitation of Offenders Act 1974 (Exceptions)(Amendment) Order 1986			
We would draw your attention to the following statement: -			
"Because of the nature of the work for which you are applying, this post is exempt from the provisions of Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 and the Rehabilitation of Offenders Act 1974 (Exceptions) (Amendment) Order 1986. Applicants are, therefore, not entitled to withhold information about convictions which for other purposes are 'spent' under the provisions of the Act".			
Please provide details below if you have been convicted of a criminal offence or been the subject of a conditional discharge or probation order. (Past criminal proceedings are not necessarily an obstacle to taking up a post. This occurs only where the offence/s is/are deemed relevant. Any details will be discussed with you should you be the successful candidate based on your supporting statement, interview and tests).			
7. Reasonable Adjustments/Arrangements for Interview			
Please contact us if you need the application form in an alternative format.			
Are you subject to any conditions relating to your employment in this country? YES/NO			
If "yes" please use the space below to tell us what these are?			

If you need us to make any adaptations for your interview to accommodate any disability you may have please tell us what these should be?

If appoint	ed when	could you start? Give period of notice if applicable
<u> </u>		
Reference	26	
Please giv	e the det	ail of two references – see guidance sheet for further information.
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and relation	nship	
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		Postcode:
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Address:		
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Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. If this declaration is not completed and signed, your application will not be considered.

I agree that Luton Roma Trust can create and maintain computer and paper records of my personal data and that this will be processed and stored in accordance with the Data Protection Act 1998.

I confirm that all the information given by me on this form is correct and accurate and I understand that if any of the information I have provided is later found to be false or misleading, any offer of employment may be withdrawn or employment terminated.

Signed:	Date:	

PLEASE EMAIL YOUR COMPLETED APPLICATION FORM WITH YOUR CV TO:

office@lutonromatrust.org.uk

There is no closing date for applications.

We will assess each application and interview and appoint as soon as possible.

Interviews will take place in Luton.

We can conduct a Skype interview if necessary.