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**Application Form (Private & Confidential)**

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| Position Applied For: Credit Union Member Services Officer |
| Title: | First Names: | Surname: |
| Home Address: |
| Home Phone: | Mobile: |
| Work phone: | Email: |

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| **Employment History**: Please note below your employment history starting with your most recent position first  |

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| Name & Address of current (or most recent) employer:Job title:Current (most recent) salary:Date appointed: Notice period or last day of employment and reason for leaving:Brief description of duties and responsibilities: |
| Employer name & address:Job title:Dates Employed from – to:Overview of responsibilities: |

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| Employer name & address:Job title:Dates Employed from – to:Overview of responsibilities: |

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| Employer name & address:Job title:Dates Employed from – to:Overview of responsibilities:*(continue on separate sheet of paper if required)*  |

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| **Education & Training**Tell us about your education and training with qualifications below. Please note that you may be asked to provide certificates to verify the information detailed in this section. |

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| **Name and address of institution** | **Qualifications obtained** | **Year completed** |
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**Supporting Statement**

The information you provide in this section will be used in assessing your application. Please refer to the person specification and provide specific examples of how you meet the criteria and state why you are interested in the post.

Continue on a separate sheet if necessary.

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**About You**

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| **Rehabilitation of Offenders Act**Have you any criminal convictions which are not ‘spent’ under the above act?If Yes, please send details under a separate confidential cover |

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| **References**: Please provide details of two referees who can confirm your suitability to undertake the role applied for one of whom should be your current employer (if appropriate). We will normally contact them after we have made a written offer of employment. |

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| Name:Address:Relationship to Referee:Telephone Number: Email: |

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| Name:Address:Relationship to Referee:Telephone Number: Email: |

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| **Declaration**I declare that to the best of my knowledge, the information I have given is complete and correct.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Closing date for application:** 12 midnight Sunday 14th April

Please return your completed forms to:

Sheila Murtagh, Chief Executive Officer, Salford Credit Union, Brotherton House, 1 Loganberry Avenue, Salford M6 5UX

OR email Sheila.murtagh@salfordcreditunion.com

*Authorised by the* ***Prudential Regulation Authority and regulated by the Financial Conduct Authority***

 ***and the Prudential Regulation Authority.***

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**Equal Opportunities Monitoring Form**

Salford Credit Union is committed to equality of opportunity in employment service provision. By completing this form you will be providing details which will help us monitor our policies.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate where you found out about this position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How would you describe your ethnic origin? ***Please circle which applies to you***

**White**

British

Irish

Any other White background *(please state)*

**Mixed Chinese or other Ethnic Group**

White and Black Caribbean Chinese

White and Black African Any other Ethnic background *(please state)*

White and Asian

Any other Mixed background *(please state)*

**Asian or Asian British Black or Black British**

Indian African

Pakistani Caribbean

Bangladeshi Any other Black background *(please state)*

Any other Black background *(please state)*

Would you describe yourself as having a physical or mental impairment, which has a substantial and long-term (at least twelve months) adverse effect on your ability to carry out day to day activities? **Yes / No**

Under the Data Protection Act 2018 the information you provide will only be used for equal opportunities monitoring and does not form part of the interviewing or selection process.