



**Ethnic Minorities  
& Youth Support  
Team Wales**

**Tîm Cymorth  
Lleiafrifoedd Ethnig  
& Ieuenctid Cymru**

## APPLICATION FOR EMPLOYMENT

Please complete this application form in black ink or type. All information will be treated in the **strictest confidence**.

**Please return this application form to:**

EYST Wales  
Unit B, 11 St Helens Road  
Swansea  
SA1 4AB

Application No:

(Official Use)

**Or email: [shafina@eyst.org.uk](mailto:shafina@eyst.org.uk)**

CLOSING DATE: As advertised

**1.**

*Position Applied For*

*Where Vacancy seen*

**2. Personal Details**

*Surname*

*Forenames*

*Address*

*Post Code*

*Tel No.*

*Mob.*

*Email*

**3. Present or most recent employer**

Employers Name and Address

Position Held:

Date Commenced:

Period of Notice Required:

**Previous Employment – State most recent employment first**

Reason for Leaving:
Current or Most Recent Salary:

Employers Name and Address	Dates	Position	Reason for Leaving

**4. Education (Secondary & College)**

School/ College	Subject/Qualification	Grade	Date

## Professional & Higher Education

College/ University	Subject/Qualification	Grade	Date

## Membership of Professional Body

Date Obtained	Name of Body	Class/Grade of Membership

## Other Training & Short Courses

Date Attended	Duration	Organising Body	Course Title

## 5. References

*Please give the names and addresses of two referees from whom we might obtain an employment reference. One should be your most recent employer (school or college if you are a student). Referees will be contacted after an offer has been made.*

<b>1.</b>	<b>2.</b>
<i>Position.</i> <i>Tel no.</i>	<i>Position.</i> <i>Tel no.</i>

## **6. Personal Statement**

*Making specific reference to the personal criteria and job description of the applied for, please outline below your suitability for the post applied for. Please include full details of any training, skills or paid or unpaid experience which are relevant to the post:*

**7. Disability**

Are you disabled? (please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes please describe:				
Are you registered disabled? (please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

*I certify that the information given on this form is correct*

*Signed :*

*Date :*

## EQUAL OPPORTUNITIES MONITORING FORM

*Application no (official use)*

Position Applied For:

*Date of Birth:*

*Ethnic Origin: (please tick)*

White		Indian	
Black African		Pakistani	
Black Caribbean		Bangladeshi	
Black Other		Chinese	
Other (please state)			

*Sex: (please tick)*

Male		Female	
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*Have you been convicted of any criminal offence, which is not yet "spent" under the Rehabilitation of Offenders Act 1974? (please tick)*

Yes Give details if not 'spent'		No	
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