

Job Application Form

Title of post applied for:	Closing Date:	
How did you hear about this vacancy?	Return application to:	jobs@vegansociety.com

To save this form, edit it in the Microsoft Edge browser and select the 'save' button or using the free Adobe Acrobat Reader software. To save in Google Chrome, you will need to select print and the 'Save as PDF' option but the form will no longer be editable.

Before completing this form, please read the accompanying guidance notes. Please write clearing in black ink or type.

Confidential

1. PERSONAL DETAILS (BLOCK CAPITALS PLEASE)

Surname:			Initials:	
Former surnames if different:		Preferred Name or Title (Optional):		
Address:		Tel No (home):		
		Tel No (business):		
			Tel No (mobile):	
			Fax No:	
E-Mail address:			Nat. Insurance No:	
			or a European Citizen, or you do not ne UK, you will require a work	
Do you need a work			ave a work permit, when at your current work pern	does it expire? mit may not be valid for this post.)
		I		
Preferred work arrangemen	ts:	🗌 Full-time	Job share Only	erm time 🛛 30 hrs a week

2. EDUCATION AND PROFESSIONAL QUALIFICATIONS

Secondary School /	Da	tes	Examinations taken	Data	Decult
Secondary School / College / University	From	То	Examinations taken	Date	Result

Professional Qualifications currently held: how obtained, grade and date

Other relevant Educational or Training Courses, with dates

itle of Post:	Salary/Grade:
lame of mployer:	Business of Employer:
Address:	Date Commenced: Date Ended (if applicable):
applicable):	om you are responsible and staff responsible to you (if
eave: Period of notice required to terminate pre employment:	
Please notify us of any dates you are avail	able for milerview:

Name and	Position held	Reason for	Date	Date Ended	Final
Address of		leaving	Commenced:		grade/salary
Employers		5			
Description of	dutios:				
Description of	uuties.				
Name and	Position held	Reason for	Date	Date Ended	Final
Address of		leaving	Commenced:		grade/salary
Employers		-			
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Name and	duties:	Reason for	Date	Date Ended	Final
			Date Commenced:	Date Ended	
Name and Address of		Reason for leaving		Date Ended	Final grade/salary
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Description of du	uties:				
Name and	Position held	Reason for	Date	Date Ended	Final
Address of		leaving	Commenced:		grade/salary
Employers					
Description of du	uties:				

- Read the Person Specification carefully
- Give <u>specific examples</u> from your past work experience
- Use <u>details</u> of a situation, what you did and the outcome
- Write a maximum of 500 words

5. RELEVANT SKILLS, ABILITIES, KNOWLEDGE, EXPERIENCE AND YOUR REASONS FOR APPLYING FOR THIS JOB

As far as is possible and practicable	e, I will adhere	to a Vega	n diet and lifestyle.		Yes 🗌	No
am willing and able to undertake a required.	appropriate tra	aining and	development as		Yes 🗌	No
What activities outside work interes	st you? (State a	any positio	ons held you consider	relevan	t.)	
Do you hold a current driving	Tes	🗌 No	Do you have access to	a car?	∏ Yes	No
icence?						
Disabilities f selected for interview, do you red account of a disability? f "yes", please give brief details of t nformation that you feel would he obligations under the Equality Act 2	the effects of y lp us to accon	our disab	ility on your day-to-da	y activi	Yes	
Disabilities f selected for interview, do you red account of a disability? f "yes", please give brief details of t nformation that you feel would he obligations under the Equality Act 2 Rehabilitation of Offenders Act 19	the effects of y lp us to accom 2010: 974 (Exceptior	rour disab nmodate y	ility on your day-to-da your needs during you 1975	y activi	Yes	iny othe
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7. REFERENCES

Referee 1			Referee 2		
Title (Mr, Mrs etc):			Title (Mr, Mrs etc):		
Full Name:		Full Name:			
Job Title:		Job Title:	Job Title:		
Organisation:		Organisation:			
Address:			Address:		
Tel No:			Tel No:		
E-mail address:			E-mail address:		
Fax No:			Fax No:		
Please state if we may reference prior to inte	-		Please state if we ma reference prior to in	•	Yes

8. DECLARATION

I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions, this will be sufficient grounds for terminating my employment.

Signature:	Date:	
Name:		

The information provided by you on this form as an applicant will be stored either on paper records or a computer system in accordance with the General Data Protection Regulations and will be processed solely in connection with recruitment. Please see our Privacy Notice for further information.