

Additional information

Please indicate your reasons for applying for this post and give brief details of any further information which you think would be useful in support of your application. *Please continue on a separate sheet if necessary.*

Spare time activities/interests

Please describe:

Do you have any business interests or spare time activities directly related to animal welfare?

Yes/No

If yes, please give details

Rehabilitation of Offenders Act 1974

This post is protected by the Act. Have you been convicted of any criminal offence which is not considered 'spent' under the Rehabilitation of Offenders Act 1974?

Yes/No

If yes, please give details on a separate sheet and attach in a sealed envelope marked 'Confidential'.

Note: Any offer of employment will be subject to a check of the Society's animal welfare conviction database.

Other details

Do you hold a full current UK driving licence?

Yes/No

Have you any penalty points or been disqualified?

Yes/No

If yes, please give details

Do you have any other restrictions on your driving licence?

Yes/No

If yes, please give details

Do you have a car at your disposal?

Yes/No

Have you ever held or applied for any other post with the Society?

Yes/No

If yes, please give details

Do you hold or have you ever held an honorary position with the Society?

Yes/No

If yes, please give details

Asylum and Immigration Act 1996

Are you currently eligible for employment in the UK?

Yes/No

In order to comply with the Asylum and Immigration Act 1996, any offer of employment will be subject to provision of documentation showing your entitlement to work in this country eg. National Insurance number. Please state what documentation you can provide to demonstrate your entitlement to work in the UK.

Where did you see this post advertised?

Health

How many days' sickness absence have you had from work or other activity in the last two years? *Please give reasons.*

Last 12 months:	Previous 12 months:
No. of days:	No. of days:
Reasons:	Reasons:

Are you aware of any medical condition which may affect your ability to undertake the full duties of the post safely and without risk to your health? **Yes/No**

If yes, please give details

Are you likely to require any adjustments to the premises or working arrangements to be made on account of disability of any kind? **Yes/No**

If yes, please give details

The Society will consider making such adjustments as are reasonable in compliance with the Disability Discrimination Act 1995.

Note: Any offer of employment will be subject to completion of a medical questionnaire and medical examination (where necessary) to the satisfaction of the Society's Chief Medical Adviser.

References

Please give the names and addresses of at least two employment referees, one of whom should be your current or most recent employer. These should if possible cover a period of at least the last five years. The Society reserves the right to contact your previous employers before an offer of employment has been made. Unless your permission is granted, your present employer will not be approached until an offer of employment has been made and you have left their employment.

	Current/most recent employer	Previous employer	Previous employer
Name			
Position			
Organization			
Address			
Postcode			
Tel no			



RSPCA
 Wilberforce Way
 Southwater
 Horsham
 West Sussex
 RH13 9RS
www.rspca.org.uk
 Registered charity no. 219099

I confirm that the details I have provided on this form are correct to the best of my knowledge and I understand that any contract of employment will be jeopardised if I have misrepresented or omitted any relevant information. I understand if I am appointed information divulged in applications and forms for employment will be kept on file (both manual and computer) for recruitment, monitoring and employment purposes. Information will be stored securely in line with the Data Protection Act 1998.

I consent that, if I am the preferred candidate, a check can be made of the Society's animal welfare conviction database.

HR Department
 RSPCA East Regional
 Headquarters
 PO Box 60
 Peterborough
 PE1 5SZ

Signed:

Date:

< Please return completed application form to this address.