



Please complete and return this form with a covering letter to:

2nd Floor
Anne Boleyn House
9-13 Ewell Road
Cheam
Surrey
SM3 8BZ

EDUCATION

PLEASE GIVE DETAILS OF YOUR EDUCATION (continue on a separate sheet if necessary)

Name and address of educational establishment	Date From: To:	Qualifications	Grade

FURTHER EDUCATION, PROFESSIONAL QUALIFICATIONS OR TRAINING COURSES ATTENDED

Training Provider	Dates	Qualification/Course attended

Please use this space to explain why you feel you would be suitable for this position identifying relevant skills/abilities

CAREER HISTORY

An accurate account of the WHOLE of your career history is required, including periods of unemployment. The full names and addresses of all your previous employers (including Recruitment Agencies) are required as references will be taken. If you were self-employed, please give the name and address of the accountant(s), if any, who dealt with your finances, as well as the name of your company. (Continue on a separate sheet if necessary)

Name and address of employer	Dates to include month, year: From: To:	Job Title and Final Salary	Main Responsibilities	Reason for Leaving

ADDITIONAL INFORMATION

Have you previously worked for us? If Yes, when?

Details of any previous applications (dates, positions sought, etc.)

Salary expectations £ per annum Other benefits currently received

When would you be available to commence employment?

Would you be available for training courses away from home?

Are there any dates that you would be unavailable for interview?

Do you have any holidays booked? If so, give dates

Please give details of any hobbies or out-of-work interests that you pursue

MEDICAL / DISABILITY

Please give number of sickness absence days taken during previous 2 years and reason for the absence

Date: From - To	Reason

We welcome applications from suitable individuals regardless of any disabilities. Please advise if you have any special requirements in relation to the interview or selection process.

If required, are you prepared to undergo a medical examination and/or complete a detailed health questionnaire?

As the company operates a no smoking policy, please indicate if you smoke.

◀ Please answer YES or NO in the spaces provided ▶

DECLARATION

I declare that the information contained in this form is to the best of my knowledge, true and complete and acknowledge that if it is false or misleading, this may make any offer of employment invalid or lead to termination of employment

Signature

Date

DATA PROTECTION ACT 1998

The information you supply on this application form and supporting documents will be stored and processed by the Countrywide Assured Group plc. The Countrywide Assured Group plc requires the data for operational, managerial and associated purposes related to your employment and processing of your application. All information will be subject to strict security rules and confidentiality.

I give my consent for Countrywide Assured Group plc to store and process the information I have provided for the purposes as stipulated and to make any further enquiries considered necessary in pursuing my application for employment or during my continued employment within the Group.

Signature

Date

EQUAL OPPORTUNITIES MONITORING

The Company is committed to ensuring that all applicants and staff receive equal consideration on the grounds of their suitability and qualification in relation to recruitment, career development, promotion, etc., irrespective of their marital status, sex, colour, race, religion, nationality, disability, ethnic or national origins.

To help us ensure that this policy is working effectively and that we maintain those records we are legally required to keep, you are asked to supply the following information. *This form will be filed separately from your personal file and will be used for monitoring purposes only.*

The information you supply on this monitoring form will be stored and processed by the Countrywide Assured Group plc. The Countrywide Assured Group plc requires the data for monitoring purposes as detailed in the above statement. All information will be subject to strict security rules and confidentiality.

I give my consent for Countrywide Assured Group plc to store and monitor the information I have provided for the above purposes.

Signature

Date

Name

Date

1. Ethnic Group – Please tick the box that you feel applies to you.

I would describe my ethnic origin as:

- | | | | |
|-----------------|--------------------------|-------------|--------------------------|
| Black Caribbean | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black African | <input type="checkbox"/> | Chinese | <input type="checkbox"/> |
| Black – Other | <input type="checkbox"/> | White | <input type="checkbox"/> |
| Indian | <input type="checkbox"/> | Irish | <input type="checkbox"/> |
| Pakistani | <input type="checkbox"/> | Other * | <input type="checkbox"/> |

* Please specify _____

2. Nationality (as shown on passport) _____

3. Sex

- Female Male

4. Marital Status

- Married Unmarried

5. No of children _____ Ages _____

Parental leave taken per child _____

6. Disability

A disabled person under the Disability Discrimination Act 1995 is anyone with a "physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities".

This definition can be broken down to help explain the meaning of disability.

Physical impairment: examples would be blindness, deafness, paralysis of a leg, heart disease and progressive conditions.

Mental impairment: includes a clinical well-recognised mental illness and/or what is commonly known as a learning disability.

Substantial: put simply, this means the effect of the impairment on ability to carry out normal day-to-day activities is more than minor or trivial.

Long term: 12 months, or recurring, or past long term disability.

Normal day-to day activity: such as washing, eating, catching a bus or turning on a television.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability? _____

THANK YOU FOR COMPLETING THIS FORM. ALL THE INFORMATION WILL BE TREATED IN CONFIDENCE