



# HEREFORDSHIRE SUPPORTED HOUSING FOR YOUNG PEOPLE PROJECT

PART OF KEMBLE HOUSING ASSOCIATION  
a member of West Mercia Housing Group

## APPLICATION FORM

Please complete this form in your own handwriting and in black ink so that it may be easily photocopied.

When completed please return the form to:

EMMA POWELL  
SHYPP  
44 BERRINGTON STREET  
HEREFORD  
HR4 0BJ

PERSONAL DETAILS			
Title	Mr / Mrs / Miss / Ms Other.....	Forename(s)	
Address		Surname	
		Telephone Number(s)	<i>Where we may contact you</i>
		Daytime	
Postcode		Evening	
Do you hold a current driving licence?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Please give details of any current endorsement(s):			
Do you require a work permit?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If so, do you have a valid work permit?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>











## REFERENCES

Please give names and addresses of 1 personal referee and 1 employment referee  
*If you do not wish an approach to be made at this stage, please enter a cross in the box alongside their name.*

Name _____ <input type="checkbox"/>	Name _____ <input type="checkbox"/>
Position/Job Title _____	Position/Job Title _____
Address _____	Address _____
Postcode _____	Postcode _____
Telephone No. _____	Telephone No. _____
Relationship to you _____	Relationship to you _____

## DECLARATION

I confirm that the information provided in this application is to the best of my knowledge correct and complete. I understand that false information or deliberate omission of any material fact may result in dismissal or withdrawal of an offer of voluntary work.

I understand I will have to undertake a Criminal Records check as part of this application.

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

Thank you for your time and effort in completing this form. Please return it to the address on the front page.

# EQUAL OPPORTUNITIES

## Policy

It is the policy of West Mercia Housing Group and its member Association's not to discriminate on the grounds of race, skin colour, religions or cultural beliefs or because of gender, sexual orientation, age, HIV status, disability or health.

## Monitoring

In order to assist us in monitoring the effectiveness of the Group's policy you are asked to complete the section below. This information is for statistical purposes only, and will not be used by those involved in the selection process. This sheet will be treated as confidential and will be separated from your job application before shortlisting.

1 **Gender** I am: Male  Female

2 **Age** My date of birth is: \_\_\_\_\_

3 **Ethnic Origin** I would describe my ethnic origin as:

Asian  Caribbean  African  South-East Asian

Irish  British/European  A combination of the above

Other  (Please specify) \_\_\_\_\_

**NOTE:** Asia is taken to include Pakistan, Bangladesh, India and Sri Lanka  
South East Asian is taken to include China, Vietnam, Malaysia and Thailand

I would describe myself as:

Black  White  Mixed  Other

4 **Disability**

*A disability or health problem does not preclude full consideration for the job and applications from suitable people with disabilities are welcome. All information provided by applicants will be treated as confidential.*

Do you have a long term health problem or disability which we should be aware of?

YES  NO

If yes, please give details:

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5 **Employment Status** Are you presently employed? YES  NO

6 Where did you see/hear about this vacancy?

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