



TAI CANOLBARTH CYMRU  
MID-WALES HOUSING

Yn barod **amdani** Equal to the challenge

## APPLICATION FOR EMPLOYMENT

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### Confidential

- NOTES:
1. All information given on this form will be treated in strict confidence.
  2. If there is insufficient space on the form, please continue on separate sheets and attach them before returning the form and additional information to the Association.
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Application for the post of \_\_\_\_\_

Surname: \_\_\_\_\_ First name (s): \_\_\_\_\_

Home Tel No: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Home Address: \_\_\_\_\_ Office Tel No: \_\_\_\_\_  
(if convenient)

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Are you a car owner: YES/NO

If not, do you have regular access to a car? YES/NO

Do you hold a clean driving licence? YES/NO

Do you have a disability? YES/NO

If you do have a disability, please advise us of any special adjustments that you may require at interview.

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Have you ever been convicted of a criminal offence? YES/NO  
(declaration subject to the Rehabilitation of Offenders Act 1974)





**6. Referees**

**Names and addresses of 2 referees. One of these preferably should be your present employer.**

**Please state clearly if you do not wish us to contact them prior to interview.**

**Name :** \_\_\_\_\_ **Name :** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_  
**(if relevant)** **(if relevant)**

**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Relationship to you** \_\_\_\_\_ **Relationship to you** \_\_\_\_\_  
**(Employer, family friend, etc)** **(Employer, family friend, etc)**

Please indicate if you do not wish us to contact prior to interview?

Please indicate if you do not wish us to contact prior to interview?

**Paragraph 2 of Schedule 1 to the Housing Act 1996 prohibits Associations from employing close relatives of Board Members and only allows them to employ close relatives of members of staff under certain conditions. If, therefore you are related to a Board Member or a member of staff of this Association (or to someone who is no longer a Board Member or member of staff but who has been within the last 12 months), please state the name of the person and your relationship to him or her.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**I confirm that the details given in this application are correct to the best of my knowledge.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mid Wales Housing Association Ltd  
Tŷ Canol House  
Ffordd Croesawdy  
Newtown  
Powys SY16 1AL**

**Tel: 0300 111 3030 Fax: 0300 111 3031  
Email: post@mid-walesha.co.uk website: www.mid-walesha.co.uk**



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## Private and Confidential Equal Opportunities Monitoring Form

Mid-Wales Housing Association is committed to the provision of Equal Opportunities, both in the provision of services and as an employer. In order to monitor and ensure the success of our Equal Opportunities Policy, you are requested to complete this form, whether you decide to complete the monitoring form is at your discretion as it is voluntary. All information will be treated as strictly confidential and only used by staff monitoring the Equal Opportunities Policy and will not be linked with your application form.

If you complete this form, please enclose it along with your application form.

Post applied for: .....

Where did you see the post advertised? .....

**Gender:**                      **Male**                            **Female**     

**Date of Birth:** ..... **Address:** .....

How would you describe your <b>Ethnic Origin?</b> (please tick the appropriate box)	<b>White</b>	<b>Mixed</b>
	British <input type="checkbox"/>	White and Black Caribbean <input type="checkbox"/>
	Irish <input type="checkbox"/>	White and Black African <input type="checkbox"/>
	Welsh <input type="checkbox"/>	White and Asian <input type="checkbox"/>
	Any other White background <input type="checkbox"/>	Any other mixed background <input type="checkbox"/>
Please give details: .....		Please give details: .....
<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Chinese or other ethnic group</b>
Indian <input type="checkbox"/>	Caribbean <input type="checkbox"/>	Chinese <input type="checkbox"/>
Pakistani <input type="checkbox"/>	African <input type="checkbox"/>	Any other ethnic group <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Any other Black background <input type="checkbox"/>	Please give details: .....
Any other Asian background <input type="checkbox"/>	Please give details: .....	.....
Please give details: .....		

(These categories are those used in the 2001 census and are recommended for use by the Equality and Human Rights Commission)

**Language:** Are you able to converse/communicate in:  
(please tick all that apply)

English

Welsh

Sign Language (BSL)

Other

Please give details of other:

.....

Do you have a **disability**?

Yes

No



(Please refer to the definition from the Disability Discrimination Act 1995 and see the enclosed Equal Opportunities Statement – People with a Disability)

What is your **religion/faith**?

(please tick the appropriate box)

Christian

Hindu

Jewish

Muslim

Sikh

Buddhist

Decline to specify

Other

Please give details:

.....

How would you describe your **sexual orientation**?

Heterosexual

Lesbian

Gay

Bisexual

Decline to specify