



Commonwealth Telecommunications Organisation

POST TITLE: <i>*(this field must be completed)</i>	
Surname	Other Names
Date of Birth	Preferred Title (e.g. Mr, Miss, Mrs, Ms)
Home Address	Home Telephone (including country code)
Postcode	Mobile Telephone
Email Address**	Work Telephone (if it is convenient for contacting you)
** This will be the primary method by which you will be contacted.	
What is your nationality?	
Have you previously sought employment with CTO? If YES, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

PRESENT EMPLOYMENT

(if currently unemployed please give details of last employer)

Name, address and telephone number

Date of commencement

Job Title

Date appointment ended

Please give a brief description of your duties

Present basic salary (In Pounds sterling)

Notice required

Full or part time:

Reason for leaving:

Additional payments or benefits

EMPLOYMENT HISTORY

*Please list your work experience since leaving full time education. Start with the most recent employer. Please use a separate sheet if necessary. All gaps in employment **must** be accounted for.*

Dates From To DD/MM/YY	Employer's name & address	Job Title, Brief summary of duties and reasons for leaving

Voluntary/Unpaid Activities				
From	To	Position	Brief details of duties	Name of organisation
*Periods when not employed <i>All gaps/periods between jobs must be accounted for. Please provide details of periods of unemployment or the reason for any gap in employment and reasons for these.</i>				
Start date	Finish date	Reason		

SECONDARY EDUCATION					
<i>(You will be required to produce evidence to demonstrate you have obtained all qualifications that you rely upon to support your application)</i>					
Dates		Name & address of School	Examinations Passed		
From	To		Awarding body	Qualification	Grade
FURTHER/HIGHER EDUCATION					
<i>(You will be required to produce evidence to demonstrate that you have obtained all qualifications that you rely upon to support your application)</i>					
Dates		Name & address of College / University	Examinations Passed		
From	To		Awarding Body	Qualification	Grade

Other Qualifications held including vocational qualifications	Dates Awarded
Are you a member of a professional body? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify :	
What languages do you speak or write fluently?	

SUPPLEMENTARY QUESTIONS
This post is exempt from the Rehabilitation of Offenders Act 1974, and therefore all convictions, including all spent convictions , must be declared. Do you have any past, present or pending convictions, cautions, warnings, prosecutions or bind overs? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, you are required to provide details of the offence(s), and attach it to this application.
Do you have a personal relationship with any employee of the CTO or a member of the current Executive Committee (ExCo)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
What are your personal interests and hobbies?
Website or publication in which advertisement was seen
Do you have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please state what type of reasonable adjustment would be necessary to assist you during the recruitment and selection process and/or at work.

REFERENCES

Please give the names and addresses of two referees

Name of referee:	Name of referee:
Job Title:	Job Title:
Name and address of organisation:	Name and address of organisation:
Postcode:	Postcode:
Email address	Email address
Telephone number	Telephone number
Relationship to you	Relationship to you
May we approach this referee before interview? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we approach this referee before interview? Yes <input type="checkbox"/> No <input type="checkbox"/>

I declare that the information set out in this application form is true, accurate and complete. I also understand that if I have omitted facts that may have a bearing on my application, or if there are any anomalies on this form these will be explored by the CTO. Any false statement will result in rejection as a candidate and/or dismissal if appointed, and if appropriate, possible referral to the police.

In accordance with the Data Protection Act, I expressly agree that the CTO may use and process the information on this form as necessary, and for any legitimate purposes of the organisation.

Signed

Date

PERSONAL STATEMENT

Please state the approach you propose to adopt to deliver the tasks of the position you applied for, using your knowledge, skills, experience and personal qualities, in no more than 500 words.



RECRUITMENT MONITORING FORM

STRICTLY CONFIDENTIAL

This sheet will be separated from your application form upon receipt and does not form part of the selection process.

Application for the post of:

Name:

The CTO aims to be an equal opportunities employer, and selects staff on merit, irrespective of race, colour, nationality, ethnic or national origins, gender, marital status, family responsibility, age, disability, sexual orientation, trade union activity, or religious belief. In order to monitor the effectiveness of our equality policy, the CTO would appreciate if applicants complete this form. In accordance with Data Protection Act 1988, the information you have provided will only be used for the purposes of equality monitoring. The information will be used in summary form only to improve our services and processes.

What is your Ethnic Group

Choose ONE section from A to E, then tick the appropriate box to indicate your cultural background

A. White

British

Irish

Any other White background, please write in:

D. Black or Black British

Caribbean

African

Any other Black background, please write in:

B. Mixed

White and Black Caribbean

White and Black African

White and Asian

Any other Mixed background, please write in:

E. Chinese or other ethnic group

Chinese

Other, please write in

C. Asian or Asian British

Indian

Pakistani

Bangladeshi

Sikh

Any other Asian background, please write in:

F. I do not wish to provide this information.

Gender

Male

Female

Disability – Do you have a disability? If so, please state what type of adjustments to working arrangements would assist you in overcoming any disadvantage that your disability might otherwise cause you at work.

Please tick one box.

None.

You have mental health difficulties.

You have a specific learning difficulty (for example dyslexia).

You have a disability that cannot be seen, for example diabetes, epilepsy or a heart condition.

You are blind or partially sighted.

You have two or more of the above.

You are deaf or hard of hearing.

You have a disability, special need or medical condition that is not listed above.

You use a wheelchair or have mobility difficulties.

I do not wish to provide this information.

You have Autistic Spectrum Disorder or Asperger Syndrome.

Present Status

Internal Applicant

External Applicant

Date of Birth (dd/mm/yyyy)