

Hammersmith Community Gardens Association

Which position are you applying for:

Community Gardener Schools Gardener

Would like to be considered for a combined full time post

1. Name (state in full)
2. Home address (and address for correspondence if different)

3. Telephone number(s) where we can contact you

Email:

4. Date of birth:
5. Have you any criminal convictions? YES / NO
If yes, please give details on a separate sheet.
This will not affect your application where not relevant to the job.

References: Please give details of two referees who are willing to support your application, stating how they are known to you and whether they may be approached before interview.

6.

Full name

Address

Postcode

Telephone

May the above person may be approached before any interview YES / NO
How is this person known to you?

Full name

Address

Postcode

Telephone

May the above person may be approached before any interview YES / NO
How is this person known to you?

This form will be detached from your application and not seen by the interviewers.
Please therefore ensure that you write your name at the top of page 2.

PLEASE ENSURE THIS FORM IS RETURNED TO:

Email: info@hcga.org .uk

By midday **Friday 27th June 2008**.

Interviews for successful applicants will be held on Wednesday July 2nd

Hammersmith Community Gardens Association

Position: Your name:

7. EDUCATION AND TRAINING:

Please give details of any post school qualifications or training, including any part-time courses.

Qualification Date	Where obtained	Course
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8. PRESENT & PREVIOUS EMPLOYMENT/VOLUNTARY WORK in the past five years (previous employment to this may be stated on a separate sheet if the applicant feels they are relevant)

Job Title	Employer	Dates	Summary of Duties
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9. Describe in detail how you meet the personal specification with reference to your relevant work experience (both paid and voluntary), and your skills, explaining why you consider they will be useful in this job.

10. Are there areas of responsibility in the job description for which you may require training special training or induction?

11. Please tell us why you wish to apply for this post.

DECLARATION

I understand that any false or misleading information given in this application may render my contract of employment, if I am appointed, liable to termination. I declare that to the best of my knowledge the above information is correct.

Signed:

Date:

PLEASE RETURN BY MIDDAY June 27th 2008

**EQUAL OPPORTUNITIES MONITORING FORM
FOR JOB APPLICANTS**

Hammersmith Community Gardens Association is committed to equality of opportunity. In employment issues we mean to ensure that no job applicant or employee receives less favourable treatment on the grounds of disability, gender, sexual orientation, marital status, race, religion, colour or nationality.

To help assist the HCGA to improve employment practises all applicants are asked to answer the following questions, voluntarily, by putting a tick in the appropriate box. The information, which will only be used for monitoring purposes, will be treated as confidential and will be separated from your application form on receipt before the shortlisting of candidates; it will not influence assessment of your application.

1. Application for the post of:

2. Surname: First name:(s):

3. Please tick the box corresponding to what you feel to be your Ethnic Group*:
(* Note: Ethnic Group is not the same as "nation of origin" or "race", but is normally defined in relation to a people or culture with which a person, or their forebears, are most strongly identified).
 Black Carribean Indian Chinese Black African Pakistani
 Bangladeshi White Black Other Other (Please specify)

4. My gender is: FEMALE MALE

5. Do you consider yourself disabled? YES NO
Are you Registered as Disabled? YES NO

6. Where did you hear of this vacancy?

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Thank you for your assistance.

This form will be detached from the main application